

<School District Name>

## CHAPERONE APPLICATION FORM FOR SCHOOL

NAME			DATE PREPARED
ADDRESS			
HOME PHONE NO.	OFFICE PHONE NO.	CELLPHONE NO.	EMAIL ADDRESS
PREFERRED METHOD OF CORRESPONDENCE			
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cellphone <input type="checkbox"/> Email			
HOME ADDRESS			DAYTIME PHONE NU.
<hr/>			
<p>I understand that I am offering my services to &lt;Name of School&gt; without compensations.</p> <p>I certify that all information given on this application is true and complete. I agree to abide by all school board rules, regulations, policies and laws of the State of &lt;State Name&gt;.</p>			
SIGNATURE OF APPLICANT _____		DATE _____	