SULLIVAN, MO EST. 1951



Dear Spring Bluff Parents/Guardians,

The Spring Bluff R-XV School District is committed to providing a safe environment for students. As part of this effort and as a result of more stringent requirements approved through HB 604, the district now requires criminal background checks for all employees as well as certain volunteers according to policy GBEBC.

This additional layer of safety has been extended to anyone attending field trips. In order to attend a field trip ALL adults will need to undergo the "Family Care Safety Registry" background screening by meeting the following requirements:

- Register online with the Missouri Department of Health and Senior Services <u>FCSR-BSEES</u>.
  - This only needs to be done once. Please check with Pam Schlueter if you are unsure if you have already registered.
  - There is a <u>one-time</u> registration fee of \$15.25, payable to MO DHSS.
- Complete the Guardian Registration Form
  - This will need to be completed <u>each</u> school year by the date given below.
- Complete a check against the National Sex Offenders Registry by scanning your driver's license in the office.
  - This needs to be completed within a week of each trip.

Please have the above completed and returned to the school office by March 29th. Be aware that it could take a month or longer for the background check results to be returned, so please plan accordingly as you will not be placed on the Guardian list until everything is complete and we have received your background check results from MO DHSS. Again, this requirement is for ALL adults attending.

We greatly appreciate you taking student safety seriously by following these additional security checks as a result of HB 604. If you are attending more than one field trip, you will only have to complete the above steps once. If you are currently a classroom volunteer or a volunteer coach and have completed this process previously this school year, your information is still current and you will only need to fill out the Guardian Registration and return it to the office.

Thank you for helping us to protect our students! Any questions, please contact Pam Schlueter at 573-457-8302 or pschlueter@springbluffpirates.com

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## Spring Bluff R-XV School District Guardian Registration 2023-2024

Name:				
	Last	First	Maiden and/or Alias	
Address:				
Street			City, State, Zip Code	
Home Phone:		Dayti	Daytime Phone:	
Cell Phone:		Email A	Email Address:	
Social Security #:			Date of Birth:	
whom I mig	ght be in contact	,	and free from any disease which may be record of negative nature that might cau	2
Signature: _	ature: Date:			
In Case of E	Information: Emergency, Noti	fy:		
Telephone #	<b>#</b> :			
List any Me	edical Conditions	s we should be aware of	of (i.e. Asthma, Diabetes)	
Allergies:				
		ase of emergency):		