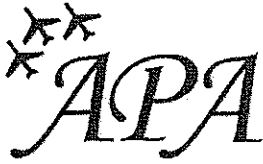


Parent Shadowing Proceedure/Policy

1. Parent will complete a volunteer packet which will include paperwork for a background check.
2. The background check will be run by Mrs. Shively allowing 2 business days for this to be ran.
3. Results of the background check will be released to the proper administrator.
4. Parent may call after two business days to set up an initial meeting with the administrator. During this meeting, the administrator will present the rules for shadowing and the expectations of the parent. Non-compliance with the rules set forth will result in the shadowing privileges being revoked.
5. Parents will make the shadowing appointment/s with the administrator. **Pertinent staff will be notified to expect the visitor.**
6. The visitor will sign in at the front desk upon arrival. They will be given a visitor badge and will be escorted to the first class with their child. An escort will not be necessary after they are escorted to the first class.
7. They will sign out at the end of their day, returning the badge to the secretary.
8. Front desk procedures will be followed with each visit to the building.

Director approval _____



*Anderson Preparatory Academy
"Where Excellence is Expected"*

ANDERSON PREPARATORY ACADEMY

101 W 29th Street
Anderson, IN 46016

765.649.8472
www.goapa.org

Shadow request

Date: _____

Parent name: _____

Student name: _____

Grade level: _____ Homeroom teacher: _____

Reason for request: _____

PLEASE NOTE:

Allow 2 business days for the background check to be run. Following that, please call the school and ask to make an appointment with the proper administrator. This appointment will be necessary to learn of the rules and expectations for your visit in our building.

ANDERSON PREPARATORY ACADEMY

Volunteer Application

Name _____

Address _____

Phone number _____ Date of birth _____

Service you are volunteering for:

Chaperone _____ Classroom aide _____ Fine Arts dept. aide _____

Other _____ (please explain) _____

Time commitment:

Please list the time that you are willing to volunteer to APA. Please explain if your intentions are for a one time field trip, year round aide that is available when needed, or perhaps a volunteer for the Fine Arts Department's various programs throughout the year.

I will be available to volunteer in the above referenced capacity for:

Signed _____ Date _____

Anderson Preparatory Academy

Background check authorization for volunteering at APA

I, _____, submit this background check authorization for the Anderson Preparatory Academy to meet the guidelines provided by the Ball State University's application for a charter agreement. I certify that all of the information provided in my application is true and accurate to the best of my knowledge. I also certify that the following information, which should facilitate the background check process, is also accurate, true and correct to the best of my knowledge:

Other names and aliases you are known by: _____

Have you ever been convicted of a criminal offense? _____

If so, please give explanation: _____

I hereby give my written consent to any and all investigation and checks into my background deemed relevant to the consideration of the application, including, but not limited to, a criminal history check with the Indianapolis Police Department and Indiana State Police and national criminal background history check and/or a check of my credit history. I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to the Anderson Preparatory Academy, and understand and agree that any such information may be disclosed to representatives of the school and Board of Directors. I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. Although I understand that the information is intended to remain confidential, I understand that Indiana law may require release of any or all information obtained. I hereby waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations, as well as the Board of Directors of the school and employees of the school from all claims resulting from such disclosure.

Signature _____

Address _____

Race _____ **Date of Birth** _____