

# Washington State Patrol Check

We **require** any person assisting in the classroom and/or participating with field trips to be cleared through Washington State Patrol.

**Student's Name:** \_\_\_\_\_

Please check one:

**Parent**      **Guardian**      **SCSNA Staff Member**  
**Other** \_\_\_\_\_

**\*Please complete the following information as it appears on your Drivers License.**

Please print:

\_\_\_\_\_  
First Name      Middle Name      Last Name      Maiden Name      Birthdate (mm/dd/yyyy)

Signature \_\_\_\_\_

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Please check one:

**Parent**      **Guardian**      **Other** \_\_\_\_\_

**\*Please complete the following information as it appears on your Drivers License.**

Please print:

\_\_\_\_\_  
First Name      Middle Name      Last Name      Maiden Name      Birthdate (mm/dd/yyyy)

Signature \_\_\_\_\_