

HASBROUCK HEIGHTS PUBLIC SCHOOLS
379 Boulevard
Hasbrouck Heights, New Jersey 07604

Dr. Mark Porto
Tel: (201) 393-8145
Superintendent of Schools

Fax: (201) 288-0289

Hasbrouck Heights Public Schools
Parent Chaperone Application

Event Information

Activity: _____ Date: _____

School: _____ Date: _____

Chaperone's Information

Name: _____

Address: _____

Phone Number (Home): _____

Phone Number (cell): _____

Related Experience (past chaperone experience, scouting, little league, etc.):

Experience(s)

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you been under treatment for any mental, nervous, physical condition or disability during the last two years that would impede your ability to chaperone students? _____

If so, explain: _____

And impairment in sight or hearing? _____ Any other physical impairments? _____

Note: Any medical information given will be kept confidential.

Have you been charged or pending a conviction of a felony in the last two years?

_____ Yes _____ No

If yes, explain: _____

Would you be willing to submit to a drug screening? (paid by the HHBOE)

_____ Yes _____ No

Would you be willing to submit to a criminal history background check? (paid by the HHBOE)

_____ Yes _____ No

I certify that the above information is correct and any falsification of information will eliminate me from any consideration for this event or for any subsequent events.

Date: _____

Signature of Applicant: _____

Principal's Review

Date of Interview: _____

Interviewer: _____

Recommendation:

_____ Yes, I recommend this person to be appointed as a chaperone for the above event.

_____ No, I do not recommend this person to be appointed as a chaperone for the above event.

Attention Principal

Parents must receive written notification of the names of parent chaperones who will accompany the field trip.