

**SOUTH END SCHOOL VOLUNTEER**

**FINGERPRINTING REQUEST**

**RETURN THIS FORM TO THE SOUTH END SCHOOL MAIN OFFICE. YOU WILL RECEIVE AN EMAIL FROM THE SUPERINTENDENT'S OFFICE WITH DIRECTIONS FOR FINGERPRINTING. YOU WILL BE REIMBURSED AND FINGERPRINTS ARE GOOD FOR 10 YEARS.**

**PLEASE PRINT**

**MOTHER NAME:** \_\_\_\_\_

**FATHER NAME:** \_\_\_\_\_

**STUDENT'S LAST NAME:** \_\_\_\_\_

**PARENT CELL/PHONE # (MOM)** \_\_\_\_\_

**(DAD)** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS (MOM)** \_\_\_\_\_

**(DAD)** \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE MAIN OFFICE AT SOUTH END SCHOOL (mail to 116 Harper Terrace or email Mrs. DiMatteo ([dimatteo.lynn@cgschools.org](mailto:dimatteo.lynn@cgschools.org)))**

**THANK YOU FOR VOLUNTEERING!**