Parent's Name(s)				
Child(ren)'s Name(s)				
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Child(ren)'s Teacher's Name(s)	_ *	Transfer of the second		did v
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Email Address				
All parents volunteering in the Evere form for background clearance. Pleawww.everett.k12.wa.us/everett	ase visit the Everett	Public Schools Website	to apply for cle	arance:
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I understand that any information I hea Elementary are confidential information further understand that any breach of oppogram.	It is my responsibili	ty as a volunteer to respe	ct the privacy of e	each individual. I
		D-4		
Signature:		Date:		12