



# East Windsor PUBLIC SCHOOLS

*Inspiring Growth. Achieving Success.*

70 South Main Street  
East Windsor, CT 06088

ADMINISTRATION

**Christine DeBarge, Ed. D**  
*Superintendent of Schools*  
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860.623.3346

**Ms. Laurie A. Slate**  
*Human Resource Manager*  
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August 23, 2019

Dear Volunteers/Chaperones:

In keeping with East Windsor Public Schools mission to create and maintain a safe environment for our students we will be requiring background checks including Department of Children & Families background searches.

Prior to volunteering/chaperoning at any of the East Windsor Public Schools, please pick up the form in the school office or download the form from the school website under "Parents & Students", then "Forms". The completed form must be returned to Ms. Slate at the Central Office, 70 South Main Street, East Windsor, CT 06088.

Please allow 4 business days for processing. You may contact your school's office to find out if you have been approved to volunteer/chaperone.

Thank you for your time and efforts on behalf of the students of the East Windsor Public Schools.

Sincerely,

Laurie A. Slate  
Human Resource Manager



# Authorization for Release of Information for DCF CPS Search



DCF-3031  
12/15 (Revised)

I, \_\_\_\_\_ (Type Applicant Name) do hereby authorize the Department of Children and Families to research

its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name / Address/City / State / Zip Code  
Attention: East Windsor Public Schools  
Agency: Human Resource Department  
Address: 70 South Main Street  
City: East Windsor, CT 06088

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First Middle  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Street (No P.O. Boxes) Apartment No.  
City State Zip Code  
How Long at Current Address: \_\_\_\_\_ Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used - Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home - Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)		

Do you have an active DCF investigation at this time?  Yes  No  
Do you have an active appeal of a DCF investigation at this time?  Yes  No

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches - 505 Hudson Street - 5th Floor - Hartford, CT 06106 or FAX: 860-560-7071

**DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_ NO \_\_\_ Processor's Initials: \_\_\_\_\_