

**REQUIRED Background Check Information Sheet**  
**(only for individuals who do not have a background check on file with ACTS)**

**\*\*Please do not return this form electronically.\*\***

**This is to be turned in at the Mandatory Meeting. This document is shredded once the background check is completed.**

How many adults in your family will be participating in ACTS? \_\_\_\_\_  
(Background check fee is currently \$5/person)

**Name of primary adult who will be on site** (please include full name(s), maiden name, aliases, etc):

\_\_\_\_\_

D.O.B. \_\_\_\_\_ and SS# \_\_\_\_\_

If another parent/grandparent will serve (in addition to, or possibly in your stead), they too must have a background check.

**Additional Adult who will be on site** (please include full name(s), maiden name, aliases, etc):

\_\_\_\_\_

D.O.B. \_\_\_\_\_ and SS# \_\_\_\_\_

If there are additional adults you wish to verify, please speak directly with the staff at the registration table.