Lowcountry Montessori School
Permission for SLED Background Check

Full Name (Print): _____

SSN: _____ Gender _____

DOB: Month _____ Day _____ Year _____

I give my permission for Lowcountry Montessori School to conduct criminal background checks of local, state and national law enforcement databases as a condition of a volunteer position at Lowcountry Montessori School.

Signature: _____ Date: _____

Please enclose a copy of your Driver's License and $8.00 in cash or check made out to LMS.

If you are volunteering as a driver or driving to a field trip please include a copy of your current car insurance.

This form will be locked up and then shredded after the SLED is completed.