

EASTHAMPTON PUBLIC SCHOOLS

WHITE BROOK MIDDLE SCHOOL

200 Park Street

Easthampton, MA 01027

(413) 529-1530 TEL

(413) 529-1534 FAX

e-mail: mbalise@epsd.us

jpasquini-torchia@epsd.us

website: www.epsd.us



Meredith Balise, Principal

Jill Pasquini-Torchia, Assistant Principal

November 26, 2018

Dear Parent/Guardian,

Thank you for volunteering to chaperone this year's Washington D.C. trip! All chaperones will need to complete a CORI form and be fingerprinted through IdentoGo. The CORI form is attached to this letter. Appointments for fingerprints can be made at The Package Store in the Southampton Big Y plaza. You will need to give them our school code which is 00860000. Their contact information is below.

Please contact us if you have any questions.

Sincerely,

Meredith Balise
Principal

Jill Pasquini-Torchia
Assistant Principal

FINGERPRINT SERVICE LOCATED HERE

IdentoGo

By MorphoTrust USA

BOOK YOUR APPOINTMENT

online at **IDENTOGO.COM**
or call **866-349-8130**



Arlene LeClair, Ed.D., Superintendent

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

50 Payson Avenue, 2nd Floor

Easthampton, MA 01027

(413) 529-1500 TEL

(413) 529-1567 FAX

e-mail: superintendent@epsd.us

website: www.epsd.us

SUBJECT INFORMATION:

(copy of driver's license or government picture identification must be attached to this form)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME OR ALIAS (if applicable) _____ Phone number _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Last six Digits of Your Social Security Number (required) xxx - ____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name _____ Father's Full Name _____

Current and Former Addresses

Street Number & Name City/Town, State, Zip _____

Street Number & Name City/Town, State, Zip _____

The above information was verified by reviewing the following form(s) of government issued identification:
(a copy of picture identification must be attached to this form)

Verified by: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

A great place to learn and grow.