

Affidavit, Disclosure, and Consent for Background and Credit Check

Complete this form for each Authorized Representative and Principal listed in the application package. Duplicate as needed and print each form separately. Have each form signed and dated by the Authorized Representative or Principal and notarized.

Name of Applicant Entity: _____

Name: _____ Social Security Number*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

With signature below, permission is hereby granted to complete the background and credit check of the individual above.

Please check the appropriate answer to each question below.

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| <p>1. Have you ever been convicted of or pled “no contest” for any violation of law other than minor traffic offenses? If either event has occurred, you must answer YES. If the conviction has been set aside, the charges must be disclosed. Please give details on a separate signed, notarized and dated sheet.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>2. Have you ever been convicted of, admitted committing, or are you awaiting trial on any of the following criminal offenses in this state or similar offenses in another jurisdiction: (1) Sexual abuse of a minor, (2) Incest, (3) First or second degree murder, (4) Kidnapping, (5) Arson, (6) Sexual assault, (7) Sexual exploitation of a minor, (8) Contributing to the delinquency of a minor, (9) Commercial sexual exploitation of a minor, (10) Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute marijuana or dangerous or narcotic drugs, (11) Felony offenses involving the possession or use of marijuana or dangerous or narcotic drugs, (12) Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs, (13) Burglary in the first degree, (14) Burglary in the second or third degree, (15) Aggravated or armed robbery, (16) Robbery, (17) A dangerous crime against children as defined in A.R.S. § 13-705, (18) Child abuse, (19) Sexual conduct with a minor, (20) Molestation of a child, (21) Manslaughter, (22) Aggravated assault, (23) Assault, or (24) Exploitation of minors involving drug offenses? If YES, submit certified court record and details of incident(s), signed, notarized and dated.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>3. Have you ever declared bankruptcy? Please give details on a separate signed, notarized and dated sheet.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.FURTHERMORE, SHOULD ANY PART OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR THE ARIZONA STATE BOARD FOR CHARTER SCHOOLS TO DENY THE APPLICATION SUBMITTED BY THE ABOVE LISTED APPLICANT.

Signature _____

Notary: Subscribed and sworn before me this _____ day of _____ Year _____

County of _____ State of _____

Notary Public Signature _____ My Commission Expires _____

*Disclosure of your social security number is voluntary and is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S. § 15-182(E) in order to verify the information supplied in your application package and to determine your qualifications to operate a charter school. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of the application.