MERCED UNION HIGH SCHOOL DISTRICT
Fingerprint Worksheet – Contractors/Consultants

This form should be completed by an administrator and submitted to Alan Peterson, Assistant Superintendent/CBO at the MUHSD District Office. A determination will be made as to the need to have the contractor/consultant fingerprinted. The contractor/consultant shall not be in contact with students until the administrator submitting this form is notified to proceed.

Campus: _______________________________  Date: __________________

Name of Contractor/Consultant: _______________________________________________________________

Date(s) Contractor/Consultant will be on campus: _________________________________________________

1. Is the service to be provided an emergency or exceptional situation whereby pupil health or safety is endangered or where repairs are needed to make school facilities safe and habitable?

   YES or NO (circle one)

   If yes, please explain:

2. Describe what contact contractor/consultant will have with pupils.

   A. What length of time the contractor/consultant will be on school grounds?

   B. Will students be in the proximity with the site where the contractor/consultant will be working?

3. Will the contractor/consultant be working by themselves or with others while on the school site? (Explain)

4. Will the contractor/consultant be under constant and continuous observation of a school district employee (the school district employee will always be in the presence of the contractor/consultant) while the contractor/consultant is on the school site? If yes, name the school employee.

   YES or NO (circle one)  Name of Employee: ________________________________

Name of Administrator Submitting Form: ________________________________

Administrator’s Signature: ________________________________