

Tomorrow's Teachers Information for ALL New Students

LIVESCAN FINGERPRINTING

Mail Services, Etc.

2892 N. Bellflower Blvd., Long Beach, CA 90815
Hours: M-F 8:30-6:30pm, Sat 10-4pm Website: www.msetc.com

562-377-1212 | Cost: Attend orientation for details.

MUST USE TOMORROW'S TEACHERS LIVESCAN FORM



Tomorrow's Teachers

Reading and Teacher Preparation
Building L, Room 168

-Registration packets available

Building L, Rm 168

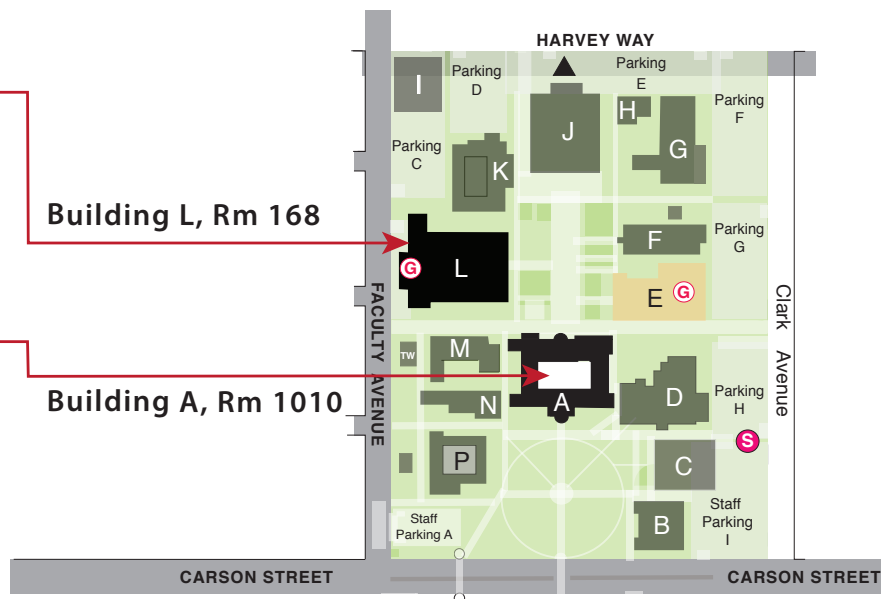
TB TESTING

Liberal Arts Campus
4901 E. Carson St.
Long Beach, CA 90808

Student Health Services
Building A, Room 1010

Monday thru Wednesday
by appointment only

Building A, Rm 1010



562-938-4210

No fee for current students

TOMORROW'S TEACHERS DOCUMENT CHECKLIST

**CLICK HERE TO SUBMIT ALL
FORMS ONLINE**

Complete the LBCC Registration Packet including:

- TOMORROW'S TEACHERS LIVESCAN FORM - get from your orientation/instructor
- COPY OF TB RESULTS CERTIFICATE AND COPY OF CA ID OR DL (to submit to K-12 District)
- TOMORROW'S TEACHERS REGISTRATION FORM
- LBCC STUDENT LIABILITY FORM

For more information contact:

Megan Kaplinsky, Teacher Preparation Coordinator
mkaplinsky@LBCC.edu 562.938.4864

LONG BEACH COMMUNITY COLLEGE DISTRICT
Tomorrow's Teachers EDUC Fieldwork
LBCC STUDENT LIABILITY FORM

Each Long Beach City College student must read, sign and date the following information prior to being allowed to participate in Tomorrow's Teachers EDUC fieldwork ("TTEF"):

LBCC Student Name: _____ ID#: _____

Course: _____ Sec #: _____ Semester: _____

I, _____ ("Participant"), am _____ years of age and wish to participate in Long Beach Community College District's ("DISTRICT") TTEF. I understand that this could cause serious illness and/or injury, and I assume all risks for any such illness/injury.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risk of bodily injury, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the DISTRICT, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

I hereby acknowledge and understand that the DISTRICT is not providing transportation to classes or job sites and that it is my responsibility to arrange for my transportation. As the DISTRICT is not providing the transportation, I further understand the DISTRICT is in no way responsible, nor does the DISTRICT assume liability, for any injury or loss which may result from my transportation.

I hereby acknowledge and understand I am not to be alone with a student at any time during the TTEF.

In the event of an accident or illness, please notify: _____
Emergency Name (Print)

Emergency Phone

LBCC Student (Participant) Signature Date

Parent Signature (if student participant is a minor) Date

Print Parent Name



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0863
ORI (Code assigned by DOJ)

volunteer
Authorized Applicant Type

Tomorrow's Teachers Fieldwork
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Long Beach City College District
Agency Authorized to Receive Criminal Record Information

24421
Mail Code (five-digit code assigned by DOJ)

2901 Carson Street, Y-6
Street Address or P.O. Box

Megan Kaplinsky
Contact Name (mandatory for all school submissions)

Long Beach **CA** **90808**
City State ZIP Code

(562) 938-4864
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed