

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

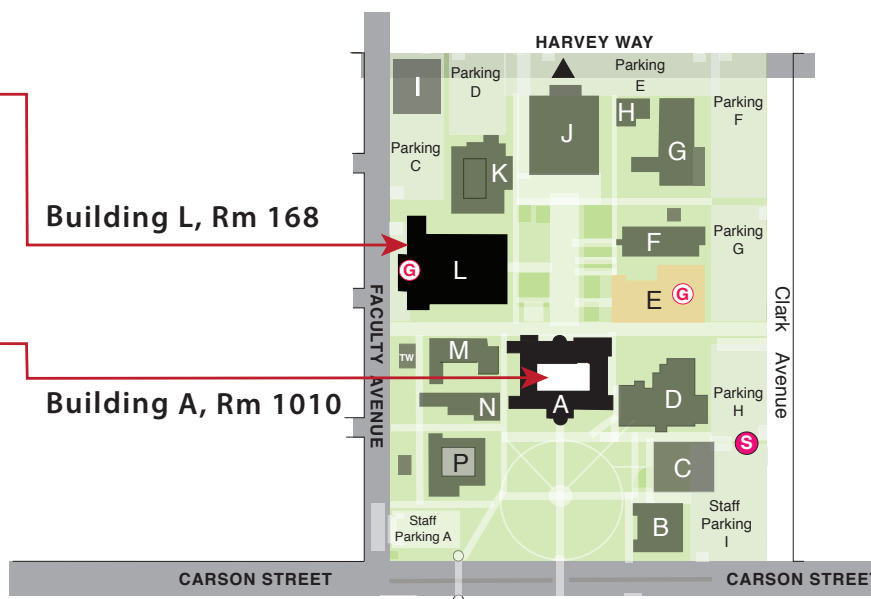
TB TESTING

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

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 City College
Reading and Teacher Preparation Department
Tomorrow's Teachers: LBCC's Teacher Preparation Program
REGISTRATION FORM

Contact Information (PLEASE PRINT IN INK)

Name _____ Student ID # _____
Last First M. I.

Address _____
Street Apt. City Zip Code

Phone # _____ Date of Birth _____ E-mail _____

Health Record

Have you ever had Tuberculosis? (Not TB Test) Yes ☐ No ☐ If "yes", when? _____

Attach a copy of TB test results to application taken within the last year. This will not be returned. Please make a copy for your participation school district office, as well and keep the original for your records.

Can you perform the work of a Tomorrows Teachers Volunteer without accommodation? Yes ☐ No ☐

If "no", what accommodations are needed? _____

Academic and Employment Record

I am enrolled in: EDUC 10 ☐ EDUC 20 ☐ EDUC 130 ☐

Currently Enrolled in Section # _____ Semester _____ Instructor _____

Are you now or have you ever been a volunteer placed through the Tomorrow's Teachers Program? Yes ☐ No ☐

If yes, which course have you already taken? EDUC 10 ☐ EDUC 20 ☐ EDUC 130 ☐

Semester/section _____

Are you currently or within the last six months been employed by LBUSD or another school district? Yes ☐ No ☐

If yes, please note district/position _____ date of fingerprinting _____

Grade level classroom assignment, if applicable: _____

Placements in the Field

Education students are placed by Tomorrow's Teachers in approved local districts or self-place in these districts.

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FOR LBCC OFFICE USE ONLY:

Livescan notes:

Reviewed by: _____

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

City

CA

State

90808

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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