



**FLORIDA PUBLIC SCHOOLS
CONTRACTOR**

**Insert 2" x 2" color
photograph**

Photo should present the
full head from the top of the
hair to the bottom of the
chin.

**FIRST NAME LAST NAME
Expiration Date: 00/00/0000**

FRONT

The School District of _____ County,
Florida, issued this badge and certified the
holder met the screening standards of Section
1012.467, Florida Statutes.

Contractor must return this badge to the
_____ County School District within 48
hours if arrested for any offense(s) listed in
Section 1012.467, Florida Statutes.

Return to:

_____ COUNTY SCHOOL DISTRICT
Address
City, State Zip Code

**THIS BADGE MUST BE VISIBLE AT ALL
TIMES WHILE ON SCHOOL GROUNDS**

BACK