

# Family Care Safety Registry

## What is it?

Missouri's Family Care Safety Registry (FCSR) was established by law to promote family and community safety. The registry helps to protect children, seniors, and people with disabilities. Due to changes at the state level, the FCSR is now being used in place of the Child Abuse and Neglect form to access background information on potential volunteers and employees for the Republic School District.

- The Family Care Safety Registry is a one-time, online registration with a fee of \$15.25.
- Registration lasts a lifetime (see directions below if you have registered with FCSR in the past).
- The registration and fee will be the responsibility of the volunteer or the employee.
- **A new FCSR form will be required each school year to run a current background screening if you would like to participate in volunteer opportunities -- confidential information included on this form will be stored in a locked filing cabinet at Central Office and destroyed after each school year.**

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## Start Here → How do I register? What if I have registered before?

1. Visit the Family Care Safety Registry Background Screening and Employment Eligibility System ([FCSR-BSEES - MO.gov](http://FCSR-BSEES-MO.gov)) website.
  - a. Click the **Registration** button to begin and then click **Register Online** in the submenu
  - b. Click the tab for **Is A Person Registered**
  - c. Enter your social security number and the security text/number shown and then click the **Search** button
2. If you are notified that your social security number was NOT found in the database, you must register first before submitting this form to your student's school. Click **Continue** to proceed with registration. Choose **Volunteer/Voluntary** as your selection criteria. Once you have completed your registration, please fill out the other side of this form and return it to the Republic School District to be processed. This is a one-time registration with a fee of \$15.25. The registration and fee will be the responsibility of the volunteer or employee. Take note, the wait time for the FCSR registration to be processed and for the district to be notified can be up to 10-12 business days. We recommend completing this process as early as possible.
3. If you are notified that your social security number WAS found in the database, please fill out the other side of this form and return it to the Republic School District to be processed. It is your responsibility to contact the FCSR with changes to name or contact information before the form is submitted – call 1-866-422-6872 to verify or update your information.

## Have you registered yet?

You **MUST** register with the Family Care Safety Registry (FCSR) before submitting this form for processing. This form does **NOT** register you with the FCSR. Please refer to the “How do I register?” section on the front side of this form.



**YES**, I am registered!! Continue....

## Has your information been updated?

If you have previously registered with the FCSR, please call 1-866-422-6872 to update your information if you have had a name, address, or email address change. For our request to be processed, your personal information on file with FCSR must be correct and must match the information below.



**YES**, my personal information is up-to-date with the FCSR! Complete the information below and return this form to your student’s school or directly to the Central Office at 518 N Hampton, Republic MO 65738. Individuals cleared to participate will be added to the district’s internal “approved” list. You may contact your student’s school approximately 10-12 business days after submitting your form to get a status update. Those not cleared will receive a letter from the district.

Applicant: \_\_\_\_\_  
 First Name MI Last Name Suffix

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \*Required \*Required (MM-DD-YYYY)

Email: \_\_\_\_\_

Which school(s) will you be volunteering at (circle all that apply):

EC Lyon McCulloch Price Schofield Sweeny RMS RHS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this form, I acknowledge that the Republic R-III School District will be using this information to request a background screening. Screening results will determine if I am eligible for employment or to act as a volunteer.

