FITZGERALD
PUBLIC SCHOOLS

AFFIRMATION OF PRIOR DISCIPLINE RECORD

TO BE COMPLETED BY PARENT

Student's Name: _____ Student's Grade: _____ Enrollment Date: _____
PRINT STUDENT'S FULL LEGAL NAME — STUDENT'S CURRENT GRADE — TODAY'S DATE

School District Name: _____ School Building Name: _____
PRINT STUDENT'S PRIOR SCHOOL DISTRICT NAME — PRINT THE NAME OF THE SCHOOL THAT STUDENT LAST ATTENDED

A willful false statement on this affirmation will result in a report to the appropriate authorities and can result in the above listed child being dropped from school district enrollment.

DIRECTIONS: Check the box next to the applicable paragraph, provide appropriate information, and sign this document. Please check only ***one*** box:

Paragraph 1:

☐ The undersigned affirms that _____ (PRINT NAME OF STUDENT), **HAS NOT** been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

or

Paragraph 2:

☐ The undersigned affirms that _____ (PRINT NAME OF STUDENT), **HAS** been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

PLEASE NOTE: If you checked Paragraph 2 above, you must explain the circumstances in detail. Please include the school name, dates of suspension or expulsion, and a detailed description of the incident giving rise to the suspension or expulsion. You can use the area provided on the back of this document for your convenience.

Date: _____ **Signature of Parent/Guardian:** _____

Date: _____ **Signature of Student (if over 18):** _____

MUST BE COMPLETED BY PRIOR SCHOOL DISTRICT PERSONNEL (DOCUMENT IS MANDATORY)

NAME OF PRIOR SCHOOL DISTRICT: _____

☐ According to our records, we can verify that the information provided above by the parent / guardian or student is correct.

☐ According to our records, the information provided above, by the parent / guardian or student is NOT correct.

If the student has been involved in offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity, please forward appropriate disciplinary documentation.

_____ _____
DATE **ADMINISTRATOR'S SIGNATURE** **TITLE**

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COMPLETE THIS SIDE ONLY IF YOU CHECKED PARAGRAPH 2 ON THE REVERSE SIDE OF DOCUMENT

School Name: _____

Dates of Suspension: _____ **or Date of Expulsion:** _____

Please explain the circumstances and give a detailed description of the incident giving rise to the suspension or expulsion:

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