

## Milan Area Schools

100 Big Red Drive, Milan, MI 48160 Phone: 734-439-5050 Fax 734-439-5083

## **Affirmation of Prior Discipline Record**

All non-resident students requesting admittance to Milan Area Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or student (if the student is 18 or older) must answer the questions below.

## To be filled out by parent/guardian

1. Has the student been convicted of a crit	me, or are any felony charges pending against the student? Yes No
If the answer is yes, please explain:	
2. a. Has the student been expelled or rece	eived a long-term suspension (more than 10 days) from another school district?  Yes No
b. Has the student received a short-term	n suspension (10 days or less) from another school district in the past two years?  Yes No
If the answer to part (a) or (b) is yes, pl	ease explain in detail (include school name, dates and description of the incident (s):
Student Name	Grade
Signature of Parent/Guardian	Date
	ol District and returned to Milan by Sending School District ONLY
Sending School – Please Check One:	According to our records, we can verify that the information provided above by the parent/student <b>is correct.</b>
	According to our records, the information provided above by the parent/student is <b>not correct.</b>
injury to persons or an act to threats or vio	es resulting in suspensions involving weapons, alcohol, drugs, or willful infliction of elence against persons and/or property committed on school premises, at a school-te conveyance providing transportation to or from school or a school-sponsored activity, cumentation.
Date	Signature of Sending District Administrator
	Title