

AFFIRMATION OF PRIOR DISCIPLINE RECORD

BETHLEHEM LUTHERAN SCHOOL

2777 Hermansau St. Saginaw, MI 48603

Phone: 989-755-1144

Email office@bethlehemsaginaw.org

Directions: Parent - Please complete the top section. Check paragraph 1 or 2, provide all appropriate information, and sign. Please provide to prior school administration to complete the bottom section. Upon completion, return to Bethlehem Lutheran.

Administrator - Please complete the bottom section, verifying the information provided. Upon completion, return to the requesting family.

A willful false statement on this affirmation will result in report to the appropriate authorities and possible removal from Bethlehem Lutheran School

Paragraph 1:

_____ The undersigned affirms that _____ (child's name) has **NOT** been suspended or expelled from any public or private school in Michigan or any other state.

Paragraph 2:

_____ The undersigned affirms that _____ (child's name) has been suspended or expelled from any public or private school in Michigan or any other state.

If you checked paragraph 2:

Explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident, giving rise to the suspension or expulsion, on back of this form.

Date: _____

Signature of Student _____

Date: _____

Signature of Parent _____

(To be completed by previous school administration)

Name of Sending (Former) School District (above)

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

____ According to our records, the information provided above by the parent/student is not correct.

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

Date: _____

Signature of Sending School District Administrator/ Title

School: _____ Telephone: _____