

Moline Unit School District No. 40
1619 11th Avenue
Moline, IL 61265
Phone 309-743-1600

“Good Standing Certification”

**Parent Certification of student status when transferring
from an Out-of-State Public School**

I hereby certify that my child,

Name: _____ **Date of Birth:** _____

Who is enrolling in Moline Unit School District No. 40, is not currently serving a suspension or expulsion for possessing, on school grounds, a weapon as defined in the “Gunfree Schools Act”, for possessing, selling or delivering on school grounds a controlled substance or cannabis, or for battering a staff member of the school.

I understand that if a period of suspension or expulsion for the above stated reasons has not expired at the time of this transfer for the student is required to complete that suspension or expulsion period prior to being admitted in to the Moline School District.

Signed: _____
Parent Name

Date: _____