

MILAN AREA SCHOOLS
100 BIG RED DRIVE
MILAN, MI 48160
734-439-5050
www.milanareaschools.org



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 crime, 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 received a long-term suspension (more than 10 days) from another school district?

Yes _____ No _____

- b. Has the student received a short-term 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, please explain in detail (include school name, dates and description of the incident (s) :

Student Name: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Below To be filled out by Sending School District and returned to Milan by Sending School District ONLY

Name of Sending (current) School District: _____

Sending School – Please Check One: _____ 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 resulting in suspensions involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act to threats or 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 District Administrator: _____

Title: _____