## St. Gerard School

4433 West Willow Hwy, \* Lansing, Michigan 48917 \* PH 517,321,6126 \* FAX 517.323.8046

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

<u>DIRECTIONS</u> : Check this document.	the box next to the appropriate pa	aragraph. Please provide the requested information and sign
Paragraph 1:		<i>y</i>
The undersigned aft public or private so the willful infliction committed on school	hool in Michigan or any other stands of injury to another person or fo	has not been suspended or expelled from any te for any offense involving weapons, alcohol, or drugs, or for any act of violence against persons and/or property red activity, or on a public or private conveyance providing red activity.
Paragraph 2:		*
private school in M willful infliction of school premises, at	ichigan or another state for one or injury to another person or for an	has been suspended or expelled from a public or r more offenses involving weapons, alcohol or drugs, or for the act of violence against persons and/or property committed on on a public or private conveyance providing transportation to
If you checked paragrap expulsion, and a descrip	h 2, explain the circumstances in tion of the incident giving rise to	detail. Include the school name, dates of suspension or the suspension or expulsion.
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discipline record to St. C	For my child's former school dis Gerard School.	trict to release any and all information regarding my child's
Date	d d	Signature of parent/guardian
************	*********	********
Name of Sending (forme	r) School District:	
Sending School	District-Please check one:	According to our records, we verify that the information provided above by the parent/student is correct.
		According to our records, the information provided by the parent/student is not correct.
persons or an act of viole	nce against persons and/or prope	pons, alcohol, or drugs, or willful infliction of injury to rty committed on school premises, at a school sponsored ansportation to or from school or a school sponsored activity,
olease forward appropria	_	· (a)
	g	*
Date	Signature of sending d	istrict administrator Title