

Calhoun Community High School

765 Upton Ave Springfield, MI 49037 (269) 565-2460; (269) 565-2468 (Fax)

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this affirmation will result in a report to the appropriate authorities.

Directions:	Check the applicable paragraph, provide all appropriate information, and sign this document.
infliction of injury	gned affirms that HAS NOT been suspended or expelled from any public a Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful to another person or for any act of violence against persons and/or property committed on school hool sponsored activity, or on a public or private conveyance providing transportation to and from a ctivity.
school in Michigan injury to another pe	gned affirms thatHAS been suspended or expelled from a public or private or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of erson or for any act of violence against persons and/or property committed on school premises, at ed activity, or on a public or private conveyance providing transportation to and from a school
If you checked par description of the in	ragraph 2, please explain the circumstances in detail. Include the school name, dates and acident giving rise to the suspension/expulsion.
(date)	(Signature of Student)
(date)	(Signature of Parent/Guardian)
Date copy sent for v	verification: Initials for CCHS staff member:
Sending School – PAccording toAccording to If the student has be or an act of violence on a public or priva	our records, we can verify that the information provided above by the parent and student is correct. our records, the information provided above by the parent and student is NOT correct. een involved in offenses involving weapons, alcohol, drugs, or willful infliction of injury to persons against persons and/or property committed on school premises, at a school sponsored activity, or the conveyance providing transportation to or from school or a school sponsored activity, please
(Date)	disciplinary documentation. (Signature of Sending District Administrator)