## **BELDING MIDDLE SCHOOL**

410 Ionia Street • Belding, Michigan 48809

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

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

<u>DIRECTIONS</u> : Check the applicable paragra	aph, provide all appropriate information, and sign the	his document.
private school in Michigan or any other state for a injury to another person or for any act of violence	has not been suspended or expense involving weapons, alcohol or drugs, or for the against persons and/or property committed on school proyance providing transportation to and from a school or seven the school or seven to the school or seven to the school or school o	e willful infliction of remises, at any school
school in Michigan or another state for one or mor injury to another person or for an act of violence a	has been suspended or expelled re offenses involving weapons, alcohol or drugs, or for togainst persons and/or property committed on school presyance providing transportation to and from a school or seven to the school or seven to the school or seven to the school or school o	he willful infliction of mises, at any school
If you checked paragraph 2, explain the circumand a description of the incident giving rise to	mstances in detail. Include the school name, dates of su the suspension or expulsion.	spension or expulsion,
	Date Date	
Date copy sent for verification:	Initial of Belding Area Schools Staff Member	r
Name of sending (former) school district:		
Sending School – Please check one:	According to our records, we can verify that the infe by the parent/student is correct.	ormation provided
	According to our records, the information provided parent/student is not correct.	above by the
of violence against persons and/or property comm	ring weapons, alcohol, or drugs, or willful infliction of in itted on school premises, at a school sponsored activity, hool or a school sponsored activity, please forward appropriate the school sponsored activity.	or on a public or private
Date	Signature of Sending District Administrator	Title