



# Milan Area Schools

100 Big Red Drive, Milan, MI 48160  
Phone: 734-439-5050 Fax 734-439-5083

## 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:

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 \_\_\_\_\_

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

**\*\*Please fax or mail to the above address at Milan Area Schools**