



Van Dyke Public Schools
 23500 MacArthur Blvd.
 Warren, MI 48089
 (586) 758-8341

Mrs. Wendy Cusic
 Director of Curriculum & Instruction
 Phone: 586-758-8341
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Name of Student: _____ Date of Birth: _____

Your "School of Choice" in Van Dyke Public Schools: _____ Grade: _____

AFFIRMATION OF PRIOR DISCIPLINE RECORD

This completed form must accompany your School of Choice application.

**A willful false statement on this affirmation will result in
 a report to the appropriate authorities and immediate discontinuation of enrollment.**

Directions: Check either Paragraph 1 or 2 below, sign and provide all appropriate information.

Paragraph 1:

_____ The undersigned affirms that the above named student has not been suspended or expelled from any public or private school in Michigan or any other state.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Paragraph 2:

_____ The undersigned affirms that the above named student has been suspended or expelled from a public or private school in Michigan or any other state.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**If Paragraph 2 has been checked, please explain the circumstances in detail.
 Include the school name, dates of suspension/expulsion, and a description of the incident(s).
 Use the back of this form if additional space is needed.**

This section must be completed by the appropriate representative from the previous school district.

Name of Previous School District: _____

Name of Previous School: _____ Last date of attendance: _____

Please check one of the following:

- According to our records, the information provided by the parent/guardian is **correct**.
 According to our records, the information provided by the parent/guardian is **not correct**.

Were there attendance, tardiness or truancy issues with this student? Yes No

Signature of Administrator: _____ Title: _____

Telephone Number: _____ Date: _____