

AFFIRMATION OF EDUCATIONAL SERVICES AND DISCIPLINE

Date: _____ School of Choice _____

Student Name: _____ D.O.B. _____

Name of Current School: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

The above named student has applied to attend Van Buren Public Schools under the Schools of Choice Program.

Parental Permission

I hereby authorize the release of all discipline records and special education verification for the above student to Van Buren Public Schools.

Signature of Parent/Guardian

Date

REQUEST FOR STUDENT DISCIPLINE RECORDS

_____ has been suspended or expelled in the past two years.

Yes No

Please fax (734-697-6385) the student's discipline records for the 2018-2019 and 2019-2020 school years. If there are no discipline records on file, please indicate on the bottom half of this form and fax it back to us.

Name

Date

Title

School District

REQUEST FOR SPECIAL EDUCATION VERIFICATION

_____ currently receives special education services.

Yes No

Name

Date

Title

School District