

**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 2017-2018 and 2018-2019 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