



FRANCIS HOWELL SCHOOL DISTRICT - MISSOURI SAFE SCHOOL ACT

Form 2230.2

Rev. 12/1/10

OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT

I, \_\_\_\_\_ (parent/guardian), having been duly sworn upon my oath, or having affirmed that I will tell the truth, do hereby state and depose as follows:

I am the parent/guardian, or other person having custody or charge of \_\_\_\_\_ (student), a student seeking to enroll in Francis Howell School District and am legally authorized to make educational decisions for the student.

I hereby certify as follows:

\_\_\_\_\_ I am providing this affidavit in support of the enrollment of my child in the Francis Howell School District. My child is not currently under suspension or expulsion from any in-state or out-of-state school (including a private, charter or parochial school or school district) he/she has previously attended.

WARNING: I understand that it is a criminal offense (Class B misdemeanor—Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school district admits my child based on false information which I gave, I may be required to pay the school district for its costs in educating my child (Section 167.020 RSMO).

For each and every suspension and/or expulsion, provide the following information: (Request additional information sheets, if necessary)

- 1. Name and Address of School District: \_\_\_\_\_
2. Name of School: \_\_\_\_\_
3. Nature of Offense: \_\_\_\_\_
4. Date of Offense: \_\_\_\_\_
5. Date Suspension/Expulsion Began: \_\_\_\_\_
6. Date Suspension/Expulsion Ended/Is Scheduled to End: \_\_\_\_\_

I hereby certify that I have provided true, complete, and accurate information for each and every suspension and/or expulsion imposed upon the Student for each and every offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this document, I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

Signature of Parent/Guardian

Date

STATE OF MISSOURI )
) SS
COUNTY OF ST. CHARLES )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn, did say that he/she executed the foregoing instrument and acknowledged said instrument to be his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

My commission expires:

Notary Public