

Warren Woods Adult & Community Education  
12900 Frazho Road  
Warren MI 48089  
(586) 439-4668 (Office) (586) 439-4968 (Fax)

<b>WWACE Only</b> Verified on: _____ (date) by: _____ (sign or initial)
---

### AFFIRMATION OF PRIOR DISCIPLINE RECORD

DIRECTIONS FOR STUDENT: Initial the applicable paragraphs, provide all required information, and sign this document.

Student's name: \_\_\_\_\_ Grade: Adult Ed Birth date: \_\_\_\_\_

(Please initial as applicable)

1. \_\_\_\_\_ The undersigned affirms that the student above **has not** been suspended from any public or private school in Michigan or any other state within the last **two (2)** years.
2. \_\_\_\_\_ The undersigned affirms that the student above **has not** been expelled from any public or private school in Michigan or any other state within the last **two (2)** years.
3. \_\_\_\_\_ The undersigned affirms that the student above **has** been suspended from a public or private school in Michigan or any other state within the last **two (2)** years.
4. \_\_\_\_\_ The undersigned affirms that the student above **has** been expelled from a public or private school in Michigan or any other state within the last **two (2)** years.

If you checked items 3 or 4, explain the circumstances in detail. Include the school name, dates of the suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I legally attest that the statements above are to the best of my knowledge truthful. A willful false statement on this affirmation will result in a report to the appropriate authorities and may result in you not being accepted or admission revoked from Warren Woods Adult & Community Education. I understand that the prior district(s) will be contacted and that disciplinary records will be requested and released to Warren Woods Public Schools.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Contact number for student: \_\_\_\_\_

Name of **all** former high school(s) attended: \_\_\_\_\_

DIRECTIONS FOR SCHOOL DISTRICT: Initial/check the applicable statement, provide all appropriate disciplinary information, sign and complete this document, and fax directly to WWACE @ 586.439.4968. Thank you for your prompt assistance with this form.

(Please check or initial one statement.)

- \_\_\_\_\_ According to our records, we can verify that the information provided above by the student is correct.  
\_\_\_\_\_ According to our records, the information provided above by the student is not correct. Please provide any information as required by law.

**Please forward a copy of the student's disciplinary records with the Affirmation of Prior Discipline to Warren Woods Adult & Community Education: 586.439.4968.**

Signature of sending district administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliated school or institution: \_\_\_\_\_ Title: \_\_\_\_\_