

**Bishop Foley Catholic High School
32000 Campbell Rd.
Madison Heights, MI 48071**

AFFIRMATION OF PRIOR DISCIPLINE RECORD

STUDENT NAME: _____

Directions: Please complete the applicable paragraph, provide all appropriate information, and sign this document. A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from Bishop Foley Catholic High School.

PARAGRAPH 1: The undersigned affirms that _____ has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

PARAGRAPH 2: The undersigned affirms that _____ has been suspended or expelled from a public or private school in Michigan or any other state for an offense involving weapons, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

If you completed PARAGRAPH 2 above, please 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 (you may continue the narrative on the back of this form).

I request that this information be disclosed to Bishop Foley Catholic High School.

Signature of Parent: _____ Date: _____

Signature of Student: _____ DOB: _____

Former School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

To be filled out by an administrator at the student's school.
Please scan and send to katiecrombe@bishopfoley.org upon completion.

Please check the sentence below that applies:

____ According to our records, we can verify that the information provided above by the parent/student is correct.

____ According to our records, we can verify that the information provided above by the parent/student is NOT correct.

If the student has been involved in offenses involving weapons, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school sponsored activity, please forward appropriate disciplinary documentation.

Administrator's Signature: _____ Title: _____

Administrator's Name (printed): _____ Phone: _____

Date: _____