WEST ALLEGHENY SCHOOL DISTRICT

_____ _____

Student's Name *Parent's Name*

Address *Street* *City* *State* *Zip*

Student's last school of attendance:

School Name *School Address* *Dates of Attendance*

_____ _____ _____

ACT 26 OF 1995 provides, in pertinent part:

(A) PRIOR TO ADMISSION TO ANY SCHOOL ENTITY, THE PARENT, GUARDIAN OR OTHER PERSON HAVING CONTROL OR CHARGE OF A STUDENT SHALL, UPON REGISTRATION, PROVIDE A SWORN STATEMENT OR AFFIRMATION STATING WHETHER THE PUPIL WAS PREVIOUSLY SUSPENDED OR EXPELLED FROM ANY PUBLIC OR PRIVATE SCHOOL OF THIS COMMONWEALTH OR ANY OTHER STATE FOR AN ACT OR OFFENSE INVOLVING WEAPONS, ALCOHOL, OR DRUGS, OR FOR THE WILLFUL INFLICTION OF INJURY TO ANOTHER PERSON OR FOR ANY ACT OF VIOLENCE COMMITTED ON SCHOOL PROPERTY. THE REGISTRATION SHALL BE MAINTAINED AS PART OF THE STUDENT'S DISCIPLINARY RECORD. (B) ANY WILLFUL FALSE STATEMENT MADE UNDER THIS SECTION SHALL BE A MISDEMEANOR OF THE THIRD DEGREE.

Further, under provisions of the Act, the District will for any student transferring into this District, request that a certified copy of the student's disciplinary record be transmitted to this District from the district from which the student has transferred. The school district that your son or daughter previously attended is required by the Act to provide this information upon such request. Upon receipt, such records shall be reviewed and made part of the student's file in this District.

As the parent or other legal guardian of _____, I affirm that _____ has/has not (circle one) been previously suspended per Section (A) above. If the response to this statement is in the affirmative i.e., "has" been, please provide an explanation.

COMMONWEALTH OF PENNSYLVANIA)
)
COUNTY OF _____)

Before me, the undersigned officer, personally appeared the above-named resident of the West Allegheny School District who being duly sworn according to law deposes and says that the items set forth in the foregoing statement are true and correct.

_____ ___-___-____ _____ _____-_____-_____

Signature of Parent/Guardian Social Security No. Signature of Parent/Guardian Social Security No.

Sworn to and subscribed before me

this _____ day of _____ 20____.

_____

Signature and Seal of Executing Officer