

**MISSOURI SAFE SCHOOLS ACT**

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE**

**TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

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

 1. I am the parent, legal guardian, or other person having custody or charge

 of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“Student”), a student seeking to enroll in the Mehlville School District, and am legally authorized to make educational decisions for the Student.

 2. I hereby certify as follows: [Check **one** and provide **all** additional information requested, if you check (b)]. **WARNING**: Under Missouri law, the failure to provide true, accurate and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor.

 ­­\_\_\_­\_\_\_\_\_\_ a. The Student **has never been suspended or expelled** from any school in this state or any other state, for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

 \_\_\_\_\_\_\_\_\_ b. The Student **has been suspended and/or expelled** from a school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student. **For each and every suspension and/or expulsion**, provide the following information: (Request additional information sheets, if necessary.)

 i. Name and Address of School District

 ii. Name of School

 iii. Nature of Offense

 iv. Date of offense

 v. Date Suspension/Expulsion Began

 vi. Date Suspension/Expulsion Ended/Is Scheduled to End

 \_\_\_\_\_\_\_\_\_ c. The Student **has been suspended and/or expelled** from a school in this state or another state for one or more offenses other than weapons, alcohol or drugs, or for the willful infliction of injury to another student. **For each and every suspension and/or expulsion**, provide the following information: (Request additional information sheets, if necessary.)

 i. Name and Address of School District

 ii. Name of School

 iii. Nature of Offense

 iv. Date of offense

 v. Date Suspension/Expulsion Began

 vi. Date Suspension/Expulsion Ended/Is Scheduled to End

 3. I hereby certify that I have provided true, complete and accurate information for each and every suspension and/or expulsion imposed upon the Student.

**PROOF OF RESIDENCY**

**OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED**

 4. I further certify as follows: (Check **one** category and provide **all** additional information requested under the category checked.) **WARNING**: Under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor.

\_\_\_\_\_\_ a. The student is a legal resident of the District as established by the following:

 i. I am a legal resident of the Mehlville School District.

 ii. I reside and have my permanent home at the address in “iii” below.

 iii. The Student resides with me at the foregoing address, which is also the Student’s permanent home. I have provided the following document(s) to establish that I am a legal resident of the District:

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

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

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

 (Request additional information sheet if necessary.)

\_\_\_\_\_\_\_ b. The Student is not a legal resident of the District; however, I have submitted a Request for Waiver of Residency.

 i. I submitted the Request for Waiver of Residency on \_\_\_\_\_\_\_\_\_\_.

 ii. I have attached a copy of the Request for Waiver to this statement.

 iii. I understand that if the Request for Waiver is denied after the Student has been registered, the Student will no longer be eligible for enrollment in the District, and will be required to withdraw from school immediately following denial of the Waiver.

 5. I hereby certify that all information I have provided in this statement is true, accurate and complete to the best of my knowledge.

 6. I understand if I have provided false information in this statement, I may be charged with and convicted of a Class A misdemeanor.

 7, I also understand that if I have provided false information in this statement, or in the documents submitted in support of this statement, the District may file a civil action against me to recover the costs of school attendance for the student.

 8. I also understand that this registration document will be maintained as part of the

 Student’s permanent scholastic record.

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

 Date Signature of Parent/Guardian

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

 Date Registrar/School Official

STATE OF MISSOURI )

 ) SS

COUNTY OF )

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.

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

 Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_