



WEST ALLEGHENY SCHOOL DISTRICT

A Tradition of Excellence . . . A Vision for Tomorrow

Parental Registration Statement

Student Name _____ Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____ Phone _____

Act 26 of 1995 provides, in pertinent part:

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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving a 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. 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 of other legal guardian of _____, I affirm that the named child 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 Number

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Signature and Seal of Executing Officer