	e Print or T	<u> </u>	MATTER	OF		
Full N	ame of Stude					
Address					DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR	
City			State	Zip	LEGAL CUSTODIAN	
Current Grade Last School Attended				ed	(G.S. 115C-366(a4))	
Sex	Date of B	Birth	Age	Printed Name of	Parent, Guardian or Legal Custodian	
This is	s to certify t	that the		nced student who		
	s to certify t	that the		nced student who of School)		
This is	s to certify t	that the	(Name o			
from __	currently u	nder sus	(Name of Name of Pension or expension or exp	of School)	is transferring to: endance at a private or public school in this or any other	

Date

To be used for any student seeking to transfer into the district who lives with Parent(s) / Guardian / Legal Custodian

Signature of Parent/Guardian/Custodian/Student

(if 18 yrs. of age or older)

NOTE:

FORM A