

DO NOT send Student CA60 Records

Prior School: _____ Phone: _____

Address: _____ Fax: _____

The student listed below has been enrolled at Creative Montessori Academy. Please mail the student's complete school records to the address listed below or notify the school if you have no record of the student. **Records include: CA60, transcripts of grades and credits, achievement and ability test scores, health records and any other pertinent information concerning the student.** These records include CONFIDENTIAL information that may influence the student's educational planning (i.e. medical psychiatric, psychological, social work, speech/language reports and/or other special education services).

Child's Legal First Name:		Child's Full Legal Last Name:
Child's Date of Birth:	Grade Level:	Student UIC #

Parent/Guardian Complete the following Discipline Questions:

- Note: A willful false statement may result in the removal from Creative Montessori Academy
- If the answer is "yes" to any of the below statements, attached documentation and/or an explanation.

Has the student ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student had an in-school/out-of-school suspension within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
While on school premises, at a school-sponsored activity, or on a private or school-sponsored vehicle traveling to or from school or school-sponsored event, the student was suspended/expelled for: <ul style="list-style-type: none"> An offense involving weapons, alcohol, drugs A willful infliction of injury to another person An act of violence against a person and/or property 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student withdrew from a former district in lieu of being charged with conduct that may have resulted in expulsion or long-term suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I verify the above information to be true and accurate. I request my child's student discipline information be disclosed to Creative Montessori Academy.

Legal Parent / Guardian Signature

Date

Previous School Complete This Section

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

According to our records, we can verify that the information provided above by the parent/guardian is Correct Incorrect

Signature of forwarding School Official

Position

Date

Please fax this form to:

Creative Montessori Academy
Fax #734-281-2637 Phone #734.284.5600

Creative Montessori Academy Use Only		
Faxed by: _____	1 st Req: _____	2nd Req: _____
Admin Phone Call: _____		

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