STATE OF NORTH CAROLINA) **COUNTY OF PITT**)

Please Print or Type

IN THE MATTER OF					
Full Nar	ne of Studer	ıt			
Address					DISCIPLINARY STATUS AFFIDAVIT BY PARENT, GUARDIAN OR
City			State	Zip	LEGAL CUSTODIAN
Current Grade Last S			chool Attended		
					(G.S. 115C-366(a4))
					(Policy Code 4115)
Sex	Date of Birth		Age	Printed Name of Parent, Guardian or Legal Custodian	

This is to certify that the above-referenced student who is transferring to:

	(Name of School)	
from		
	(Name of School)	

Check One:

is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state; or

is currently under suspension or expulsion from attendance at a private or public school in this or any other state or has been convicted of a felony in this or any other state, but is currently identified as being eligible for special education and related services under the Individuals with Disabilities Education Improvement Act, 20 U.S.C. § 1400, et seq. (2004). *If this box is checked, you must attach evidence of the student's current eligibility.*

Sworn Under Oath or Affirmation.

Signature of Parent/Guardian/Custodian/Student (if 18 yrs. of age or older)

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20____.

by____

(Name of Parent, Guardian, Legal Custodian or Student)

(Signature of Notary Public)