



Student Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check any of the following applicable to the above named student:

\_\_\_\_\_ Fighting

\_\_\_\_\_ Alcohol

\_\_\_\_\_ Drugs

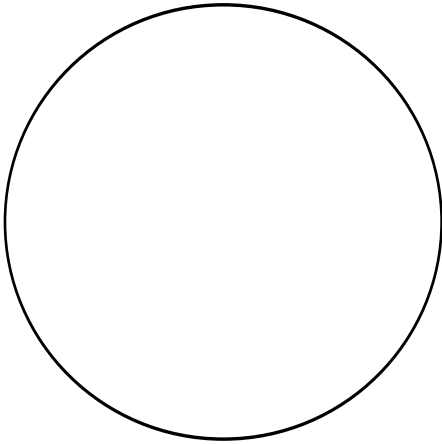
\_\_\_\_\_ Weapons

\_\_\_\_\_ Vandalism

\_\_\_\_\_ Other Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Affix School Seal in Circle

\_\_\_\_\_

School Official Signature

\_\_\_\_\_

Date

\_\_\_\_\_

School

\_\_\_\_\_

Telephone