

# DISCIPLINE STATUS FORM

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**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM

## INSTRUCTIONS

Students transferring into or requesting re-enrollment in the Wake County Public Schools System must complete this form. This form should not be given to students who are immediately returning from suspension.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

## STUDENT INFORMATION

Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name	
Date of Birth (mm/dd/yyyy)		Age		Grade	
Student's Address				Apartment or Suite Number	
City		State		Zip Code	
Parent's/Guardian's Name					
Parent's Address (if different from above)				Apartment or Suite Number	
City		State		Zip Code	
Home Phone Number ( ) -				Work Phone Number ( ) -	

## PREVIOUS SCHOOL ATTENDED

School Name		Withdrawal Date (mm/dd/yyyy)	
School Address		Phone Number ( ) -	
City	State	Zip Code	
Was the student identified for Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the exceptionality:	

## CONTINUED ON NEXT PAGE >

SCHOOL USE ONLY | SCHOOLS MUST COMPLETE ALL SPACES.

<input type="checkbox"/> APPROVED ENROLLMENT. If approved, place in cumulative folder.		<input type="checkbox"/> DENIED ENROLLMENT. If denied, <b>immediately</b> fax to student due process office at (919) 431-7319.	
Name of School	School official signature	Date	

SDP USE ONLY

SDP decision	Date
Contacted	Date

# DISCIPLINE STATUS FORM

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## CURRENT DISCIPLINE STATUS

A copy of suspension/expulsion data must be attached to this form.

**Check appropriate box:**

- The student is **NOT** currently suspended or expelled from any school or does not have a pending suspension or expulsion
- The student is/has been recommended for a long-term suspension of more than ten days or expulsion (permanent removal from school) from \_\_\_\_\_ and that recommendation is currently pending.  
SCHOOL NAME \_\_\_\_\_  
Describe the offense for which the recommendation is being made and the proposed beginning and ending dates of the suspension/expulsion.  
\_\_\_\_\_  
\_\_\_\_\_

- The student is/has been long-term suspended for more than ten days or expelled and is currently serving the term of suspension or expulsion from \_\_\_\_\_.  
SCHOOL NAME \_\_\_\_\_  
Describe the offense for which the student was suspended/expelled and the beginning and ending date of the suspension/expulsion.  
\_\_\_\_\_  
\_\_\_\_\_

## FELONY CONVICTIONS

Has this student been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was the conviction?	
City/Town Where Conviction Occurred		State Where Conviction Occurred	Date of Conviction (mm/dd/yyyy)
Description of Offense			
Probation Officer		Phone Number (   )   -	
Court Counselor		Phone Number (   )   -	

## PARENT OR COURT APPOINTED CUSTODIAN AFFIDAVIT

**Initial below:**

\_\_\_\_\_ I verify that the above information is true and accurate.

\_\_\_\_\_ I give consent to the Wake County Public School System to share this document with student's previous school and to obtain information or records from that to verify the information on this form.

I understand that providing false information is a criminal act. If it is found that a person willfully and knowingly provided false information in this affidavit, they shall be guilty of a Class I misdemeanor and shall pay to the local board an amount equal to the cost of educating the student during the period of enrollment, not to include state funds (G.S. 115C-366(a3)).

Signature of the Parent/Court-Appointed Custodian \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY A NOTARY PUBLIC

State of North Carolina County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that \_\_\_\_\_

personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_