PO Box 375 • 150 Lorana Avenue • Bradford, PA 16701

Student Name

Telephone: 814-362-3841 Fax: 814-362-2552 Web Site: www.bradfordareaschools.org

Email: BASD@bradfordareaschools.org

PARENTAL REGISTRATION STATEMENT

Any willful false statement made herein shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Date of Birth	Grade
Parent or Guardian Name	
Address	
Telephone Number	
entity, the parent, guardian or other pupon registration provide a sworn state previously or is presently suspended of Commonwealth or any other state for	A states in part "Prior to admission to any school person having control or charge of a student shall, tement or affirmation stating whether the pupil was r expelled from any public or private school of this an action of offense involving a weapon, alcohol or injury to another person or for any act of violence
Please complete the following:	
student, and that he/she is a lawful resident of the child: Was/was not previously suspends	ardian, or other person having lawful charge of the above-named the Bradford Area School District. I also swear or affirm that my maded; or, was/was not previously expelled thed; or, is/is not presently expelled then monwealth or any other state for an act or offense involving infliction of injury to another person or for any act of violence tement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 ation to authorities, and the facts contained herein are true and in and belief.
If this student has been or is presently suspen	ded or expelled from another school, please complete:
Name and address of the school from which stud	dent was suspended or expelled:
Dates of Suspension/s:	Dates of Expulsion/s:
(Please provide additional schools and dates of e	expulsion or suspension on back of this sheet.)
Reason for suspension/expulsion	
(Date)	(Signature of Parent or Guardian)
	(Signature of Parent or Guardian)