

Long-Term Suspension Affirmation Registration Form

Please complete and sign the applicable Statement Below:

☐ I, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has NOT been issued a long-term suspension (11-364 days) from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

Or

☐ I, (complete parent/guardian name) _____,

affirm that (complete student name) _____

has been issued a long-term suspension (11-364 days) from school attendance at a private school or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

Name of School _____

Signature of School Official _____

Signature of parent, guardian,
person having control or charge
of child, or student, age 18 or older _____

Date _____ / _____ / _____

Student ID _____