

ALLERGIES

- Yes, my child **has** Allergies
- No, my child **does not have** Allergies

List Allergies:

FOOD _____

OTHER _____

I Do Not Hold Tipton Academy responsible for forgetting to administer medication to my child.

Parent/Guardian's Signature: _____ Date: _____

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.

MEDICAL CONDITION

Student Name: _____

- Yes, my child **has** Medical Condition
- No, my child **does not have** a Medical Condition

List Medical Condition in detail:

Please attach any relative information regarding the Medical Condition(s)

If Medication is needed during school hours, you may pick up a Medical Permission form at the office.





1615 Belton Garden City, MI 48135 Tele. 734-261-0500 Fax 734-956-6360
29205 Florence Garden City, MI 48135 Tele. 734-796-7676 Fax 734-338-2367

AFFIRMATION OF PRIOR DISCIPLINE RECORD

A willful false statement on this confirmation will result in a report to the appropriate authorities.

DIRECTIONS: Provide all appropriate information, and sign this document.

The undersigned affirms that _____, has not
 has been suspended or expelled from any public or non public school for an offense involving a weapon, alcohol, drugs, the willful infliction of injury to a person, or for any act of violence against a person and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to or from a school or a school-sponsored activity.

Explain the circumstances in detail and provide the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

I authorize the _____ school to provide the requested information to:

Name: _____

School Building Address: _____

Date

Signature of Student

Date

Signature of Parent

_____ by _____

Date copy sent for verification

Name of Sending (former) School District _____

Sending School: Please check one:

- According to our records, we can verify that the information provided above by the parent/student is correct.
- According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in an offense involving a weapon, alcohol, drugs, or willful infliction of injury to a person or an act of violence against a person and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Date

Signature of Sending District Administrator



1615 Belton Garden City, Michigan 48135

734-261-0500

734-956-6360 Fax

Principal Suzanne March

REQUEST FOR RECORDS

STUDENT INFORMATION

Student Name: _____

Address: _____ City: _____ St. _____ Zip _____

Phone Number: _____ Date of Birth: _____

Male Female

School Releasing Information

School Name: _____

Address: _____ City: _____ St. _____ Zip _____

School Phone Number: (____) _____ Fax: _____

Records Requested

CA-60 with all records/grades, etc. including but not limited to IEP's Immunization Records, etc.

SCHOOL TRANSFER WEAPONS FREE SCHOOL ZONE STATEMENT

The above student is currently enrolled at Tipton Academy. In order to comply with Public Act 328, please verify that he/she has not been suspended or expelled from school for a weapons violation subsequent to January 1, 1999. If the above has been suspended or expelled due to weapons violations, please attach an explanation as to the current status of the student.

Parent/Guardian Signature: _____ Date: _____
