



Effingham County Schools Safe Schools Questionnaire

www.effinghamschools.com

Student's Legal Name: _____ Date of Birth: _____ Current Grade: _____

Parent / Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Zoned School: _____

1. Has this student been adjudicated to have committed, been indicted for, or had information filed for the commission of any felony, class A or class B designated felony as defined in OCGA 15-11-2 (see definitions on the back of Request for Records / Transcripts), or any delinquent act which would be a felony if committed by an adult?

___ NO ___ YES State: _____ County: _____

Court Official or Probation Officer's Name: _____

Phone Number: _____

2. Is this student **CURRENTLY** under expulsion or long-term suspension (more than 10 consecutive assigned days) status at another public or private school?

___ NO ___ YES (_____)
School Name City, State

3. Are you withdrawing this student from the previous school pending expulsion or other disciplinary action?

___ NO ___ YES (_____)
School Name City, State

4. Was this student's **MOST RECENT ENROLLMENT** at another public or private school in an alternative program at which the student was placed due to disciplinary infractions?

___ NO ___ YES (_____)
School / Program Name City, State

5. Has this student **EVER** been enrolled in an alternative program (*for more than 10 consecutive days*) at which the student was placed due to disciplinary infractions?

___ NO ___ YES (_____)
School / Program Name City, State

6. Has this student **EVER** been expelled from a public or private school or suspended for more than 10 consecutive days?

___ NO ___ YES (_____ through _____ ; _____)
Month / Year Month / Year School Name City, State

7. Was your child suspended from a public or private school during the current or previous academic year?

___ NO ___ YES (# of Days: _____)
Current Academic Year Previous Academic Year

If you answered yes to any of the questions above, please describe the event giving rise to the charge or discipline and provide the term of any punishment, expulsion, or suspension (including alternative school assignment). Include the name(s) of the involved court, school, and school district as appropriate. Attach additional pages as necessary.

I certify that the information provided above is correct and complete. I understand that providing false information on this questionnaire may be prosecuted under penalty of perjury.

Name of Parent / Guardian

Signature

Date