

## STUDENT ENROLLMENT CERTIFICATION

NAME OF STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_,

and I am providing this certification in support of the enrollment of my child in the Winfield R-IV School District. My child is not currently under suspension or expulsion from any school district he/she has previously attended. I understand that it is a criminal offense (class B misdemeanor—Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child. I also understand that if this school district admits my child based on false information which I gave, I may be required to pay the school district for its costs in educating my child. (Section 167.020 RSMO).

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_