



Tawheed Center of Detroit School
18624 West Warren Avenue Detroit, MI48228
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REQUEST FOR STUDENT DISCIPLINE RECORDS

Date: __/__/__

Student Name _____

Name of Former School _____

Street Address _____

City/State/Zip _____

Telephone/Fax _____

The above-named student is applying to Tawheed Center of Detroit School for the 2017-18 school year. Please complete the form based on the student’s discipline file for the 2015-16 and the 2-16-17 school years. If there is no discipline on file, please indicate on the bottom of this form.

ONLY discipline information is needed at this time. If the student is accepted, additional records will be requested under a separate cover. Thank you in advance for your assistance.

PARENTAL PERMISSION

I hereby authorize the release of all discipline records for the above student to Tawheed Center of Detroit School.

Signature of Parent/Guardian

Date

Previous School (To be completed by school official)

The above named student has:

- No discipline infractions for the years 2015-16 and/or 2016-17 school years.
- Discipline infractions on file. Please see _____ (number of pages) attached pages.

School Official’s Name

School Official’s Signature

Title

Date