

**SAFE SCHOOLS ACT AFFIRMATION (RSMo167.171)**

Please complete the following affirmation for each student seeking transfer.

The undersigned hereby certify and represent, for the purposes of the Missouri Safe Schools Act, that:

1. \_\_\_\_\_ is not currently suspended or expelled from any other in-state or out-of-state school district, including a private, charter, or parochial school or school district.
  
2. This student has not been convicted of or indicted for any of the following offenses, and no information or petition alleging such offense has been filed:
  - a. first degree murder under Section 565.020, RSMo;
  - b. second degree murder under Section 565.021, RSMo;
  - c. first degree assault under Section 565.050, RSMo;
  - d. forcible rape under Section 566.030, RSMo;
  - e. forcible sodomy under Section 566.060, RSMo;
  - f. statutory rape under Section 566.032, RSMo;
  - g. statutory sodomy under Section 566.062, RSMo;
  - h. robbery in the first degree under Section 569.020, RSMo;
  - i. distribution of drugs to a minor under Section 195.212, RSMo;
  - j. arson in the first degree under Section 569.040, RSMo;
  - k. kidnapping, when classified as a Class A felony, under Section 565.100, RSMo

STATE OF MISSOURI )  
 )ss  
COUNTY OF ST. LOUIS)

In compliance with Missouri law, the undersigned verifies the accuracy of the information on this form for the purpose of enrollment of a student(s) in an accredited school district participating in the Riverview Gardens and Normandy transfer program and accepts the responsibility for reporting changes in residence to the enrollment administrator.

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information for the purpose of enrolling a student in the above described accredited school district and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Legal Guardian Date  
(Student may sign if 18 yrs of age and not living with parents)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of person with whom student is residing Date

Subscribed and Sworn to me, a notary public in the County of \_\_\_\_\_,  
Missouri

Notary Public

Date:

*This form is to be included with transfer application materials  
and submitted to the student's school district of residence.*