Click here to reset the student specific fields on these forms. Parent or Guardian information will not be affected by this RESET function.

SHOW Instruction box

FAIRFAX COUNTY PUBLIC SCHOOLS
CRIMINAL CONVICTION AND JUVENILE DELINQUENCY ADJUDICATION AFFIRMATION

Section 22.1-3.2 of the Code of Virginia requires that parents/guardians provide upon registration of students in public schools:

The information you enter will show up on any relevant forms. Print ONLY the forms that you need for your student. Clicking on the reset button will clear out the student specific information and leave the Parent or Guardian, address telephone, etc. to facilitate creating a form for a different student. Click the HIDE button to remove this message before printing any forms. To see this message again, click the SHOW button.

HIDE Instruction box

- **Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances**
- **Manufacture, sale or distribution of marijuana**

To Mac Users running Safari browser
Problems when clicking on the hide button to remove the messages?
The reported solution is to install the updated Adobe PDFViewer plug-in for Mac OS X.

- **Recruitment of other juveniles for criminal street gang activity**

Student Name _____ **Date of Birth** _____

Parent/Guardian Affirmation

☐ I affi[illegible]nquent for an offense [illegible] the District of [illegible]

☐ I affi[illegible]ed delinquent [illegible]ws of any state, the D[illegible]w:

REMEMBER: Print the pages you need and check them before using the RESET button.

You can only save the EMPTY form (unless you have purchased and installed the Adobe Acrobat software).

_____ _____ _____
Type of Offense Date of Offense Jurisdiction Where Offense Occurred

Parent Signature	**Date**	**Print Parent Name**
_____	_____	_____

SS/SE-219 (11/06)

REGISTRAR: DO NOT RETAIN IN CUM FOLDER. MAINTAIN ALL COMPLETED FORMS TOGETHER IN SEPARATE CONFIDENTIAL FILE. IF PARENT/GUARDIAN CHECKS SECOND STATEMENT, NOTIFY BUILDING ADMINISTRATOR, WHO MAY INITIATE REFERRAL TO FCPS HEARINGS OFFICE.