New York State Education Department Bureau of Proprietary School Supervision

Sworn Statement of Student's Education for Entrance into a Registered Business School or Licensed Private School

BPSS - 115(3/92)

Alien registration I	Number	DOB	1/1/2000	ID L	123456789F2000
	vuilibei		17172000		
Address:				Apt. #	
City:			State: NY	Zip	
Native Country		Curriculum to be enrolle	d in Select the	Program	
In th	ne spaces below, giv	ve an accurate record	of your education	onal prepara	tion
	Name of School	Location of School (City, State)	Attendance		Diploma
			Entrance Date	Leave Date	Degree Obtaine
Elementary of Primary School(s)	(1)				
	(2)				
High School/ Secondary School or Pre- University	(1)				
	(2)				
Post secondary School(s)	(1)				
	(2)				
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forts undertaken b	y the student and/or sch	nool (please specify) to obt	tain these education	nal records:	

IV Student Statement

Student Name

Under the penalty of perjury, I declare and affirm that the statements made in this application, including any accompanying statements, are true, complete and correct. I understand that a false statement on my part will result in my termination from the school.

First LAST

	Student Signature	Date					
	Subscribed and sworn to before me this	day of	20				
	Notary Public						
<u>v</u>	School Statement						
	I affirm that the school or any of its representatives did not encourage or direct this student to make any false statements on this document. I acknowledge that if the State Education Department later determines that such a student was directed or encouraged to provide false information on this document by the school or its representatives, then the school may be subject to disciplinary action.						
	I have received a copy of the Student Disclosure Material						
	School Manager:	Name (print	or type)				
	Subscribed and sworn to before me this	day of	20				
	Notary Public						