



Morgan Hill Unified School District
15600 Concord Circle
Morgan Hill, CA 95037
408-201-6023

Witness Statements (Expulsion Packet)

School Site: _____ Date: _____

Transcribed by: _____ Position: _____

Translated by: _____ Position: _____

Witness Name: _____ Alias: _____

Does the student fill out a fear declaration? _____ Date the student filled out the statement: _____

* Please include/attach handwritten statement*

I, _____, declare the above transcription is verbatim and transcribed directly from the original handwritten statement provided to school administration.

Signed: _____ Date: _____

Position: _____

Statement ____ of ____