

AFFIDAVIT OF NON-DISCRIMINATION

THE SCHOOL AGREES AND WARRANTS THAT IT WILL NOT DISCRIMINATE OR PERMIT DISCRIMINATION AGAINST ANY PERSON OR GROUP OF PERSONS ON GROUNDS OF RACE, COLOR, RELIGIOUS CREED, AGE, MARITAL STATUS, NATIONAL ORIGIN, SEX, MENTAL RETARDATION, MENTAL DISABILITY OR PHYSICAL DISABILITY.

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

Attested: Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____