



## HOOPA VALLEY TRIBAL TANF PROGRAM

PO Box 728, Hoopa, California 95546 530-625-4816 phone/530-625-4826 fax

## **SCHOOL ENROLLMENT VERIFICATION**

If yes, please complete the following)  Student Name  Date of SARB  Yes  No  Yes  No  Yes  No		Student Name			Grad	9	Teach	er	Extension	
arent Signature:										
rades/attendance information to the Hoopa Valley Tribal TANF Program.  arent Signature: Printed Name: Date:										
rades/attendance information to the Hoopa Valley Tribal TANF Program.  arent Signature:										
rades/attendance information to the Hoopa Valley Tribal TANF Program.  arent Signature:										
arent Signature:	arent Consent: By sign	ing belov	v I authorize					school(s)	to release	
Student Name	rades/attendance info	rmation	to the Hoopa	Valley T	ribal TA	NF Progra	ım.			
Student Name	Daniel Charles			D						
Chool Name Address Phone Number Fax Number  Student Name Attendance Regularly?	Parent Signature:			Printed Name:				Date:		
Chool Contact Information Chool Name Address Phone Number Fax Number  Student Name Attendance Regularly?	ection 2: To be comp	eted by	School Repre	sentativ	e Only					
Student Name  Attendance Regularly?  of	<u>-</u>	-	•		•					
Regularly? of Yes No Full Time Part Time Less than Part Time of Yes No Full Time Part Time Less than Part Time of Yes No Full Time Part Time Less than Part Time of Yes No Full Time Part Time Less than Part Time of Yes No Full Time Part Time Less than Part Time of Yes No  f no, please list student(s) name and provide additional information in the space below as to why rogress is unsatisfactory).  ARB: Has the student(s) been required to attend Student Attendance Review Board (SARB)? Yes No  f yes, please complete the following)  Student Name Date of SARB SARB Corrected Action Taken  Yes No  Yes No  Yes No  Yes No	chool Name	Addr	ess		Phone	Number		Fax Number		
Regularly?  Of Yes No Full Time Part Time Less than Part Time  Of Yes No Full Time Part Time Less than Part Time  Of Yes No Full Time Part Time Less than Part Time  Of Yes No Full Time Part Time Less than Part Time  The student (s) progress satisfactory?  Yes No  f no, please list student (s) name and provide additional information in the space below as to why rogress is unsatisfactory).  ARB: Has the student (s) been required to attend Student Attendance Review Board (SARB)? Yes No  f yes, please complete the following)  Student Name Date of SARB SARB Corrected Action Taken  Yes No  Yes No  Yes No  Yes No  Yes No										
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	ARB: Has the student( If yes, please complete Student Name	(s) been rethe follo	Date o	of SARB	Yes Yes Yes Yes	Corrected No No No No		Action Take	Yes No	
By signing below I agree the information above is true and correct to the best of my knowledge.	ARB: Has the student( If yes, please complete Student Name	(s) been rethe follo	Date o	of SARB	Yes Yes Yes Yes	Corrected No No No No		Action Take	Yes No	