

County/City : Prince William County (153)  
7987 ASHTON AVE., SUITE 200  
MANASSAS, VA 20109  
Phone: (703) 792-7500

**Commonwealth of Virginia**  
**Department of Social Services**

Date: 11/04/2019  
Case Number: 118947431  
Client ID: 2120026550  
Correspondence #: 743292496

Muhammad J Sahibzada  
1508 Constellation Place APT 403  
Woodbridge, VA 22191

**SCHOOL ENROLLMENT VERIFICATION FORM**

TO: Freedom High School

I, the undersigned, authorize the following information to be given to the Department of Social Services.

\_\_\_\_\_  
Customer Signature

Name of Pupil	Grade	Address	If not attending, give LAST Date of ATTENDANCE
Muhammad Zohaib Sahibzada	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate the name, address and telephone number of the responsible adult for the pupil(s) listed above:

\_\_\_\_\_  
\_\_\_\_\_

If the person you contact for an emergency is different, please list the name, address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

If a pupil is age 18 or older, give expected date of graduation and enrollment status:

Name of pupil: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
Enrollment Status: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_

Signature of  
School Official: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

