

VERIFICATION OF SCHOOL ENROLLMENT/ATTENDANCE

TO CLIENT: In order for you to keep getting _____ benefits for
(Program)

(Child's Name)

you must have this form completed by a school official and returned to the Department for Community Based Services (DCBS) at the address below by _____.
(Date)

If this form is not returned by the above date, your _____ may be less or may stop.
(Program)

If the child is not in school, enter the last date the child attended school, sign and date the form and return it to DCBS by the date listed above.

Last Date Attended School _____ Signature _____ Date _____

TO SCHOOL OFFICIAL: Please certify the enrollment and attendance of _____
(Student Name)

_____ by completing the questions below. Thank you.
(Social Security Number)

1. Check type of school: []Elementary []Jr. High School []High School []Home School
2. Is the student currently enrolled? [] Yes [] No. If "No", termination date _____.
3. Is the student in regular attendance? [] Yes [] No.
4. Expected date of graduation or completion of course of study is _____.
5. Enter the name of the school, address, your name and position, and the date.

School Name _____

Address _____

Phone _____

Your Signature _____ Title _____

Date _____