

RETURN TO: _____

PHONE: _____

CASE NAME: _____

TO: _____

ADDRESS: _____

DCIS # _____

Dear Sirs:

Verification of school enrollment and attendance is needed to establish eligibility for Public Assistance. Please give the information checked below for the following student(s). We thank you for your cooperation.

Sincerely Yours,

 DSS Worker

 Pool Code

STUDENT: _____

PARENT OR GUARDIAN

D.O.B.: _____

_____ Same as case name (above)

GRADE: _____

_____ Different (List Parent/Guardian)

ADDRESS: Same as above _____
 Different: (List Address) _____

If part-time student, how many hours a week does he/she attend? _____

Is this student's attendance satisfactory? _____ Yes _____ No

If the student is over 18, what is the expected date of completion or graduation? _____

Other _____ (e.g. student transferred, dropped out, etc.)

STUDENT: _____

PARENT OR GUARDIAN

D.O.B.: _____

_____ Same as case name (above)

GRADE: _____

_____ Different (List Parent/Guardian)

ADDRESS: Same as above _____
 Different: (List Address) _____

If part-time student, how many hours a week does he/she attend? _____

Is this student's attendance satisfactory? _____ Yes _____ No

If the student is over 18, what is the expected date of completion or graduation? _____

Other _____ (e.g. student transferred, dropped out, etc.)

AUTHORIZED SIGNATURE: _____ DATE: _____

TITLE: _____ TELEPHONE: _____