

SCHOOL ATTENDANCE/ ENROLLMENT VERIFICATION

Student Name: _____

Date of Birth: _____

This form may be used by parents/caretaker relatives to verify school attendance when a teen has been deemed a chronic truant, or is a CalLearn student, or is age 17 and older and must verify their school enrollment/completion date. This release is good for one year from the date of signature unless otherwise noted.

I hereby authorize:	
1) _____	to release the attendance/enrollment
(School Name)	
information required herein for above-name student and	
2) the county to contact the school concerning attendance or enrollment.	
Parent/Caretaker Relative/18 Year Old Signature: _____	
Date: _____	

ATTENTION SCHOOL PERSONNEL: Please complete Part A or Part B as checked below and affix the school stamp. Please use ink.

PART A: FOLLOW UP TO PREVIOUS REPORT OF CHRONIC TRUANCY

<i>(For School or Training Program use only)</i>	
The Above-Named Student:	<input type="checkbox"/> In Regular Attendance <input type="checkbox"/> Chronic Truant Comments: _____ _____
(Place School stamp or label here):	Signature: _____ Date: _____ Title: _____ Telephone: _____

PART B: ENROLLMENT VERIFICATION REQUEST

(For School or Training Program use only)

Is the student:

1. A high school student?
 Yes No
2. In vocation or technical training which cannot result in a college degree?
 Yes No

For students who are or will be turning 18 in the next two months (see birth date above), is the student:

3. Expected to complete high school requirements before age 19?
 Yes No If yes, expected date of completion or graduation: _____.
4. Expected to complete high school requirements before age 19, does the student have or have they ever had an individual education plan (IEP), Section 504 accommodation plan/Section 504 plan in place?
 Yes No **(If Yes, attach a copy)**