

**Public School Attendance Verification**

**for the Corporate Low Income Scholarship and Disabled/Displaced Student Scholarship**

This information must be completed by the public school. *In lieu of this form, a letter or copy from the school's student enrollment database providing the required data will also be accepted, as long as the information is provided by the public school or district office.*

In the boxes below, provide the public school name, district, first and last day of prior academic year, and the student's start and end dates of attendance for the prior academic year. All dates must specify the month, day, and year. If the student attended more than one public school in the prior year, provide information for all public schools (a separate form for each school may be attached).

Student name:
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Public School:	
District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's start date (mm/dd/yy):	Student's end date (mm/dd/yy):
Grade:	
Completed by (name of school employee, title):	
Signature	
Date:	

Public School:	
District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's start date (mm/dd/yy):	Student's end date (mm/dd/yy):
Grade:	
Completed by (name of school employee, title):	
Signature	
Date:	