

Public School Enrollment Verification

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

This information is to 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.*

Please provide this information for the current school year (if currently enrolled in public school) and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Student name:

Name of Public School and District:		
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):	Date of 100 th Day of School Year:
Student's Dates of Enrollment for School Year:		Grade:
Name and Title of Individual Completing Form:		
Signature and Date:		

Name of Public School and District:		
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):	Date of 100 th Day of School Year:
Student's Dates of Enrollment for School Year:		Grade:
Name and Title of Individual Completing Form:		
Signature and Date:		