

SAMPLE

 **High School Program**

**Student Enrollment Verification 2018-2019**

**School Information**

**School Name:**  **Phone:**

**School Address:** **Fax:**

**Student Information**

**Student Name:**  **DOB:**

The information being requested below is for the purpose of verifying student enrollment at your institution for our \_\_\_\_\_\_\_\_\_\_\_\_ISD Migrant Education Program. Please fill out the form and send back via fax 956-123-4567. Thank you.

**Staff Name and Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ISD MEP Administrator Name ISD MEP Administrator Signature

**TO BE COMPLETED BY INSTITUTION**

**1. The individual identified above is enrolled in this institution**

**\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_Not Enrolled**

**2. The student is enrolled from \_\_\_\_/\_\_\_\_/\_\_\_\_ to\_ \_\_\_/\_\_\_/\_\_\_\_**

 **start date end date**

**3. Enrolled Grade level \_\_\_\_\_\_\_\_\_\_\_**

**4. Has the student received his/her high school diploma at your institution?**

**\_\_\_\_\_ Yes, Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ No**

**I certify that the above information is true and correct to the best of my knowledge.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Official Telephone**

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**Title of Official Date**