

SAMPLE

 **High School Equivalency Program**

**Student Enrollment Verification 18-19**

**Institution Information**

**Institution Name:**  **Phone:**

**Institution 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. Current status of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Has the student received his/her certificate at your institution?**

**\_\_\_\_\_ Yes, Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Signature of Official Telephone**

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

**Title of Official Date**