



## Statement from School

COMMUNITY SERVICES OFFICE	TELEPHONE NUMBER
CLIENT IDENTIFICATION NUMBER	DATE

**Section 1: The client fills out this section before taking it to the school.**

**By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS).**

YOUR NAME	YOUR SIGNATURE	DATE
NAME OF SCHOOL		
SCHOOL ADDRESS	CITY	STATE ZIP CODE

**Section 2: The person in the school's office who is in charge of attendance / registration fills out this section.**

A. COMPLETE THE FOLLOWING FOR EACH STUDENT FROM THIS FAMILY ATTENDING YOUR SCHOOL.

STUDENT'S NAME	BIRTHDATE	SCHOOL SCHEDULE (ALSO INCLUDE EXACT DAYS AND TIMES)	IS THE STUDENT IN SPECIAL EDUCATION CLASSES?	IS THE STUDENT MAKING SATISFACTORY PROGRESS IN SCHOOL?	DATE STUDENT ENROLLED?	IF THE STUDENT IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE STUDENTS?

C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO STUDENT	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER