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|  | **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 SATIS-FACTORY PROGRESS IN SCHOOL? | DATE STUDENT ENROLLED? | IF THE STUDENT IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE? |
|  |  | [ ]  Full-time[ ]  Half-time[ ]  Less than half-time | [ ]  Yes[ ]  No  | [ ]  Yes[ ]  No  |  |  |
|  |  | [ ]  Full-time[ ]  Half-time[ ]  Less than half-time | [ ]  Yes[ ]  No  | [ ]  Yes[ ]  No  |  |  |
|  |  | [ ]  Full-time[ ]  Half-time[ ]  Less than half-time | [ ]  Yes[ ]  No  | [ ]  Yes[ ]  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 |