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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 |
|  | | | |  | | | |  | | | | | | |  |
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|  | | | |  | | | |  | | | | | | |  |
| 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 | | | | |