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|  | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS) | | | | | | |
| **School Statement** | | | | | | | |
| TO: | | | RE:  CASE NUMBER: | | | | |
| The Division of Child Support (DCS) is determining eligibility of the physical custodian named above for child support enforcement services. Please complete this form and return it to the DCS address or Fax number listed below. DCS is using this form instead of a subpoena as allowed by Chapter 74.20A RCW. | | | | | | | |
| Child’s Name | | Date of Birth | | Enrolled | | Attendance | |
| Yes | No | Full Time | Part Time |
| 1. | |  | |  |  |  |  |
| 2. | |  | |  |  |  |  |
| children above who will graduate within the next year. | | | | | | | |
| Child’s Name | | | | Estimated Graduation MONTH / YEAR | | | |
| 1. | | | |  | | | |
| 2. | | | |  | | | |
| Reasons why child listed above will not graduate with the next year. | | | | Estimated Graduation MONTH / YEAR | | | |
| 1. | | | |  | | | |
| 2. | | | |  | | | |
| School Name and Mailing Address | | | | | | | |
| School Representative’s Signature | | SCHOOL REPRESENTATIVE’S PRINTED NAME | | | | | |
| Telephone Number (include area code)  ( ) | | Date | | | | | |
| DATE AUTHORIZED REPRESENTATIVE  DIVISION OF CHILD SUPPORT  Return to:  DIVISION OF CHILD SUPPORT  PO BOX 11520  TACOMA WA 98411-5520  Within  calling area  Outside  calling area  Fax: 866-668-9518 | | | | | | | |