

EDUCATION SCHEDULE VERIFICATION

Student Name: _____ ELRC Record Number: _____

THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY

Name of the School District: _____

Name of the school student is attending: _____

Grade in school: _____ First day of enrollment: _____

First day of enrollment for the current year: _____ Last day of enrollment for the current year: _____

Attending school: Part-time Full-time

Anticipated completion/graduation date: _____

Type of program: Elementary Middle School High School GED Program

Current Schedule of Classes:

If class schedule is consistent, complete week one only.
If class schedule varies, complete all four weeks.

WEEK ONE: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK TWO: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK THREE: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK FOUR: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

Student's address on file at school:

Address: _____

City: _____

State: _____ Zip code: _____

SCHOOL SEAL OR STAMP

