



ENROLLMENT VERIFICATION

PLEASE NOTE: We are legally bound to only provide a statement with the information in our records. Therefore, the information you provide below must match the information we have on record.

If you have moved recently or since last school year and did not make the change, you will need to contact the school to do that. Once the change has been made, we can then provide you with the document.

Please complete this form entirely and submit it to the main office at your child's school or the Administration Building.

<u>STUDENT</u>	<u>DOB</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current District records indicate that the above named student(s) is/are currently enrolled in the Elmira City School District as indicated above residing with:

_____ at _____

NAME STREET ADDRESS

CITY STATE ZIP

The Enrollment Verification will be mailed to the address provided above unless you provide your email address to which we can email it.

Email address: _____

Call Back #: _____ **PLEASE ALLOW 24-48 HRS**

Purpose of verification:

DSS: _____ Taxes: _____ If for tax purposes, indicate tax year _____
(address will reflect your address on record for the tax year indicated.)

<input checked="" type="checkbox"/> Parent Request	<input type="checkbox"/> Agency Request	<input type="checkbox"/> Release of Information
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