

**STATE OF MARYLAND
FAMILY INVESTMENT ADMINISTRATION
SCHOOL ATTENDANCE VERIFICATION**

| | | | |
|-------------------------------------|-----------------------|--------------------------------|--|
| Local Department of Social Services | | Date | |
| | | District Office | |
| Case Manager Name | | Telephone Number | |
| Case Name | Case Number/AU Number | Minor Parent [] YES [] NO | |

This department requires that school attendance be verified for children age 7 – 18. In order to verify attendance, we are asking the school to complete Section 2 on the following child and sign the form in Section 3:

Child: _____ Date of Birth: _____ SSN: _____

Section I: TO BE COMPLETED BY PARENT/GUARDIAN

I authorize the school to give information about attendance of the above child to the Department of Social Services.

Signature Telephone Number Date

Section 2: TO BE COMPLETED BY SCHOOL OFFICIAL

A. Attendance for most recent marking period

Period: _____ Days Enrolled: _____ Days Absent: _____

B. Grade Level: _____ Student Telephone Number: _____

C. Student Address: _____

COMPLETE THIS SECTION ONLY IF CHECKED:

- Expected date of graduation: _____
- Attendance for most recently completed calendar month
Period: _____ Days Enrolled: _____ Days Absent: _____
- Is the parent/guardian working with the school to improve attendance?
 YES NO If YES, date of initial contact: _____
- Telephone and home address of student:

Telephone

Number & Street City, State & Zip code
- Parents/Legal guardians listed in student's home:
1) _____ Name Work Telephone 2) _____ Name Work Telephone
- Emergency Telephone numbers: _____

Section 3: SIGNATURE OF SCHOOL OFFICIAL

Signature of School Official School (May Use School Stamp)

Title Telephone Number Date

VOID IF ALTERED