# Request for Confirmation of Enrollment and Attendance

Date of Request: Click or tap to enter a date.

The student listed below attended (originating school) Click or tap here to enter text.
in (originating district) Click or tap here to enter text. from Click or tap to enter a date. until Click or tap to enter a date..

***Student’s Information:***

Last Name: Click or tap here to enter text.
First Name: Click or tap here to enter text.
Middle Name: Click or tap here to enter text.
Date of Birth: Click or tap to enter a date.
Colorado State ID # (SASID): Click or tap here to enter text.

The last correspondence with this student’s parent/guardian indicated that they intended to enroll in (school) Click or tap here to enter text. in (district) Click or tap here to enter text..

## Please provide responses to the items below and return this form to:

**Originating School / District
Street Address
Telephone
Fax**

1. [ ]  The student listed above has not enrolled in our district.
[ ]  The student listed above enrolled in our district on (date) Click or tap to enter a date..
2. [ ]  The student listed above has not attended classes in our district.
[ ]  The student listed above began attending classes in our district on (date) Click or tap to enter a date.
3. Confirm name and mailing address of student’s new school or agency if applicable:
Name of School or Agency: Click or tap here to enter text.
Street Address: Click or tap here to enter text.
City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.
4. [ ]  We do not require the student’s educational records at this time.
[ ]  Please forward the student’s educational records at this time.
5. School/District Representative providing this information.

 Click or tap to enter a date.

Signature Date

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Printed Name Title Phone Number