# Request for Confirmation of Enrollment and Attendance

Date of Request:

The student listed below attended (originating school)
in (originating district) from until .

***Student’s Information:***

|  |
| --- |
| Last Name: |
| First Name: |
| Middle Name: |
| Date of Birth: |
| Colorado State ID # (SASID): |

The last correspondence with this student’s parent/guardian indicated that they intended to enroll in

(school) in (district) .

## 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)
2. [ ]  The student listed above has not attended classes in our district.
[ ]  The student listed above began attending classes in our district on (date)
3. Confirm name and mailing address of student’s new school or agency if applicable:
 Name of School or Agency:
 Street Address:
 City: State: Zip:
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.

Signature Date

Printed Name Title Phone Number