# 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