



# PUBLIC SCHOOL TRANSFER VERIFICATION FORM

DEAR PARENT,

Please read these instructions carefully. Your student may be eligible for additional scholarship funding if:

Your student was enrolled in a public school K-12 as a **full-time student** for at least 90 days of the **prior fiscal year** (or the equivalent of one full semester for that school) and then **transferred to a private school**.

If this is true, please enter the student's name and the school below, then **SUBMIT THIS FORM TO THE PUBLIC SCHOOL PREVIOUSLY ATTENDED FOR COMPLETION**.

This form is valid **ONLY** if completed by the public school your student previously attended, and cannot be completed by you or your student's current school. Once this form is properly completed, please provide it to us with your electronic application or by mail at the address below.

DEAR SCHOOL,

Please provide all the information below regarding this student's prior academic year, specifying the day, month and year for all requested dates.

Student Name:	
Public School Name:	
Public School District:	
First Day of School Year (mm/dd/yy):	Last Day of School Year (mm/dd/yy):
Student's Start Date (mm/dd/yy):	Student's End Date (mm/dd/yy):
Grade Student Attended:	
Name and Title of School Representative Completing this Form:	
Signature of School Representative:	Date: