

STATEMENT FROM SCHOOL

SECTION 1. FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL:

By signing here, I give permission to the school to complete this form for YTPP.			
YOUR NAME	YOUR SIGNATURE	DATE	
NAME OF SCHOOL			
SCHOOL ADDRESS	CITY	STATE	ZIP CODE

SECTION 2. THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THIS CHILD ATTENDING SCHOOL?	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS HE/SHE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less than Half-Time	YES / NO	YES / NO	
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less than Half-Time	YES / NO	YES / NO	
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less than Half-Time	YES / NO	YES / NO	
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less than Half-Time	YES / NO	YES / NO	

B. WHAT IS THE HOME ADDRESS THE SCHOOL HAS ON FILE FOR THE CHILDREN?

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C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (Include City and Zip Code)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER