LDSS-3708 (Rev. 4/01)

SCHOOL ATTENDANCE VERIFICATION

LOCAL DISTRICT NAME AND ADDRESS:	CASE NUMBER	WORKER ID
DEPARTMENT OF SOCIAL SERVICES CHILD DAY CARE SUBSIDIES 10 COUNTY CENTER ROAD, 2nd FLOOR WHITE PLAINS, NY 10607	CASE NAME AND ADDRESS	

SCHOOL NAME AND ADDRESS

Date: _____

- Fold

Fold -

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. According to our records, child(ren) in the assistance case are enrolled in your school. In order to complete our review, we need information on the following child(ren).

CHILD(REN) NAME	DATE OF BIRTH

Please complete the questions on the reverse side based on Emergency Card Information.
For your convenience, a business reply envelope is enclosed.

SIGNATURE OF ELIGIBILITY WORKER:	UNIT	TELEPHONE NO.
X		

LDSS-3708 (Rev. 4/01) Reverse

SCHOOL ATTENDANCE VERIFICATION

PLEASE ANSWER, ACCORDING TO YOUR RECORDS, ALL QUESTIONS REGARDING THE CHILD(REN) LISTED ON THE FRONT: Enter date the Emergency Card was completed _____

1. A. Please indicate the enrollment and attendance status of each child:

Name of Child	Enrollment Status			Attendance Status		
	Full Time	Part Time	Not Enrolled	Satisfactory	Not Satisfactory	Not Attending

B. For those children 17 years of age or older, please give the expected month/year of graduation of each:

Name	Mo./Yr.:	Name:	Mo./Yr.:

2. Who is listed as the parent(s) or legal guardian?

Name:	Name:

3. What is the home address of the child(ren)?

Name	Address	City	State	Zip Code

4. Name of person(s) with whom the child(ren) resides:

Name:
Name:

5. Does the Emergency Card indicate that the parent(s)/legal guardian is employed?

☐ Yes ☐ No If Yes, Where?

Employer's Name	Address	City	State	Zip Code

6. What is the emergency number where the parent(s)/legal guardian can be reached? ( ) _____

7. According to your records, who is to be notified in case of an emergency, other than the parent or legal guardian?

Name:		Phone:	
Address::	City	State	Zip Code

8. Children are required to attend school to the end of the school year during which a child turns:

☐ 16 yrs. ☐ 17 yrs.

Please *Print* your name: _____

Signature: _____

Title: _____ Telephone Number: ( ) _____

THANK YOU FOR YOUR COOPERATION