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## VERIFICATION OF SCHOOL ATTENDANCE & RESIDENCE

This form is to be completed by a staff member of the facility where you are enrolled. Please have your school complete this form to provide verification of attendance. For questions regarding this form, please contact CCS at the number listed above. You may mail, fax, or email this form back to our office.

Student Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Name of School enrolled: \_\_\_\_\_

Classification: \_\_\_\_\_

Days & Hours Attending: \_\_\_\_\_

Due to graduate: \_\_\_\_\_

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
Phone Number of Facility

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Title of School Representative

\_\_\_\_\_  
Date

*This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.*

*Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.*

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