



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

SCHOOL ENROLLMENT VERIFICATION

Section 1: To be completed by Parent

Student Name	Date of Birth	Grade	Teacher	Extension

Parent Consent: By signing below I authorize _____ school(s) to release grades/attendance information to the Hoopa Valley Tribal TANF Program.

Parent Signature: _____ Printed Name: _____ Date: _____

Section 2: To be completed by School Representative Only

School Contact Information

School Name	Address	Phone Number	Fax Number

Student Name	Attendance	Attending Regularly?		Attending (Circle One)		
	___ of ___.	Yes	No	Full Time	Part Time	Less than Part Time
	___ of ___.	Yes	No	Full Time	Part Time	Less than Part Time
	___ of ___.	Yes	No	Full Time	Part Time	Less than Part Time
	___ of ___.	Yes	No	Full Time	Part Time	Less than Part Time

Is student(s) progress satisfactory? **Yes** **No**
 (If no, please list student(s) name and provide additional information in the space below as to why progress is unsatisfactory). _____

SARB: Has the student(s) been required to attend Student Attendance Review Board (SARB)? Yes No
 (If yes, please complete the following)

Student Name	Date of SARB	SARB Corrected		Action Taken
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

By signing below I agree the information above is true and correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____