



State of Arizona
Department of Education

2007-08 DISPLACED PUPILS CHOICE GRANT
Verification of Enrollment at a Qualified Grant School

PLEASE COMPLETE THE FOLLOWING INFORMATION AT THE END OF EACH QUARTER, PRIOR TO DISBURSEMENT FOR EACH STUDENT ENROLLED AT YOUR SCHOOL RECEIVING THE DISPLACED PUPILS CHOICE GRANT. VERIFICATIONS MAY BE MAILED OR FAXED TO OUR OFFICE. ALL INFORMATION PROVIDED IS CONFIDENTIAL.

STUDENT NAME:

PARENT NAME:

DATES ATTENDED:

EX: JON JOHNSON

JON & JANE JOHNSON

8/6/07-11/2/07

<u>NAME OF PRIVATE SCHOOL</u>		
<u>ADDRESS</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>

I DO HEREBY CERTIFY THE ABOVE NAMED STUDENT(S) HAS ATTENDED OUR SCHOOL AND IS IN GOOD ACADEMIC STANDING. IF THE STUDENT(S) STATUS CHANGES, I WILL NOTIFY THE ARIZONA DEPARTMENT OF EDUCATION – DISPLACED PUPILS CHOICE GRANT OFFICE IN WRITING.

APPROVAL SIGNATURE:

GRANT SCHOOL PRINCIPAL /ASSISTANT PRINCIPAL

DATE OF SIGNATURE