



Washoe County School District

Every Child, By Name And Face, To GraduationSM

Enrollment Verification Form

To:

School:

Contact Person:

Fax:

Fr:

WCSD School:

Contact Person:

Email/Fax:

WCSD School Address:

WCSD is currently working on our dropout recovery. The following student(s) may be currently enrolled in your school district or previously attended. Please verify the information supplied below, sign, and return the completed form. Your cooperation is greatly appreciated. Please feel free to contact us if you need verification of dropouts for your school district.

Student Name:

Date of Birth:

Yes, the student is or was enrolled in our school. Dates of enrollment:

No, the student is not and has never been enrolled in our school.

Authorizing Signature

Title

Date