

**STATE OF MARYLAND  
FAMILY INVESTMENT ADMINISTRATION  
SCHOOL ATTENDANCE VERIFICATION**

Local Department of Social Services		Date	
		District Office	
Case Manager Name		Telephone Number	
Case Name	Case Number/AU Number	Minor Parent [ ] YES [ ] NO	

This department requires that school attendance be verified for children age 7 – 18. In order to verify attendance, we are asking the school to complete Section 2 on the following child and sign the form in Section 3:

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Section 1: TO BE COMPLETED BY PARENT/GUARDIAN**

I authorize the school to give information about attendance of the above child to the Department of Social Services.

\_\_\_\_\_  
Signature Telephone Number Date

**Section 2: TO BE COMPLETED BY SCHOOL OFFICIAL**

A. Attendance for most recent marking period

Period: \_\_\_\_\_ Days Enrolled: \_\_\_\_\_ Days Absent: \_\_\_\_\_

B. Grade Level: \_\_\_\_\_ Student Telephone Number: \_\_\_\_\_

C. Student Address: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF CHECKED:**

- Expected date of graduation: \_\_\_\_\_
- Attendance for most recently completed calendar month  
Period: \_\_\_\_\_ Days Enrolled: \_\_\_\_\_ Days Absent: \_\_\_\_\_
- Is the parent/guardian working with the school to improve attendance?  
 YES  NO If YES, date of initial contact: \_\_\_\_\_
- Telephone and home address of student:  
\_\_\_\_\_  
Telephone  
\_\_\_\_\_  
Number & Street City, State & Zip code
- Parents/Legal guardians listed in student's home:  
1) \_\_\_\_\_ Name \_\_\_\_\_ Work Telephone \_\_\_\_\_ 2) \_\_\_\_\_ Name \_\_\_\_\_ Work Telephone \_\_\_\_\_
- Emergency Telephone numbers: \_\_\_\_\_

**Section 3: SIGNATURE OF SCHOOL OFFICIAL**

\_\_\_\_\_  
Signature of School Official School (May Use School Stamp)  
\_\_\_\_\_  
Title Telephone Number Date

**VOID IF ALTERED**