P.O. Box 520

Colfax, CA 95713

www.colfaxjrfalcons.org

SCHOOL ENROLLMENT VERIFICATION

This serves as official verification that _____

Is currently enrolled at _____ school and will be entering the

_____ grade for the current school year.

The student's age: _____ Date of Birth: _____

The student's home address:_____

Please place your *official school stamp* in the box below. If you do not have an official stamp, please provide the above statement and signature on *school letterhead*.

_____/_____/_____

School Representative Signature Print Name Date

_____/_____/_____

Parent/Guardian Signature Print Name Date