

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400 Fax: 1-850-245-0875 Email: schoolchoice@fldoe.org School Choice Information Hotline: 1-800-447-1636



PRIVATE SCHOOL STUDENT ATTENDANCE VERIFICATION Workforce Education Scholarship Pilot Program

Instructions: Complete the first 2 sections of this form and fax or mail to this office.

Private School					
School Name		Federal Employer Identification Number			
Street Address	City		State	Zip	County
Owner Name			Owner E-mail		
Director Name _			Director E-ma	il	
School Phone #		School E-mail			
School Code # _		School website _			
Student Attenda	ance Verification (Include additiona	al pages, if necessa	ary)		
	5(1)(c), F.S., provides that for studention from an instructor in a private so				
	the following attendance verification				
Select payment of	date for this Student Attendance Ver	rification:			
September 1		ust 2)	November 1	(form must be received by October 2)	
February 1	(form must be received by Janu	uary 2)	April 1	(form mu	ust be received by March 2)
Last Name of	Student	First Name of S	tudent		Currently in attendance?
Last Name of S	Student	First Name of S	tudent		Yes No
Last Name of S	Student	First Name of S	tudent		
Last Name of S	Student	First Name of S	tudent		Yes No No
Last Name of S	Student	First Name of S	tudent		Yes No Yes No
Last Name of S	Student	First Name of S	tudent		Yes No Yes No Yes No
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of \$	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes
Last Name of S	Student	First Name of S	tudent		Yes No Yes No
	ification Submitted By	First Name of S	tudent		Yes No Yes No