#  School



Address

Columbus, OH Zip

Phone: (614)365-XXXX

Fax: (614)365-XXXX

 Email: @columbus.k12.oh.us

*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

**Confirmation of Enrollment**

Date: \_\_\_\_\_\_\_ School Name/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent/guardian of the student below has informed us that he/she is attending your school. We have not received a records request and the student is still enrolled at our school.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

**This is not a request for the student’s records.**

Please confirm enrollment of the above student at your school as we have not received a records request as of today.

Yes. The above named student is enrolled at my school. Please provide the following:

 Student enrollment start date? \_\_\_\_\_\_\_\_\_\_

Date of the first day of school for your district this year? \_\_\_\_\_\_\_\_\_\_

 No. The above named student is not enrolled at my school.

Please complete this form and fax or email back to (school name). If the student is currently enrolled at your school, please also send a records request.

Thank you in advance for your cooperation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(School Personnel)*