## Self-Certification of Full-Time School Attendance For The School Year:

Show any change of address on this form below:


IMPORTANT: Please read the enclosed instruction sheet before completing this form. To avoid interruption of payments, please complete this form immediately, using a pencil and darkening the entire oval; so our computer can process your form without delaying your payments. Please complete this form for the entire school year (not just one semester) if plans are known; and complete it for one school year only. Please do not take this form to the school. The person in the address above must sign in item 17. This is a personalized form, precoded for only the student shown in item 1.


| Signature of payee (person who is receiving the payments) | Email address | Daytime telephone number (including area code) <br> ( <br> ( |
| :--- | :--- | :--- |
| Signature of student | Email address | Date (month/day/year) |

