APPENDIX SI.A.1 SAMPLE ELIGIBILITY VERIFICATION FORM

ELIGIBILITY VERIFICATION FORM: *

Reengagement Program for which information is requested: ________________________________

High School or District Contacted: ______________________________________________________
(Last School Attended or Last District Attended)

Student Name: ___________________________ Student Birthdate: ____________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

INFORMATION BEING VERIFIED:

☐ First Year of High School: _______ -- _______ (Example: 2008-2009)

☐ Number of high school credits attempted (per transcript as of today’s date): ___________

☐ Number of high school credits earned (per transcript, as of today’s date): ___________

☐ Withdrawal Date, if applicable: ________________

Notes: ______________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

SOURCE OF INFORMATION

Person Providing Information: ________________________________________________________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Title: ___________________________ Phone: ___________________________

If the above information is provided via phone:

Person Recording Information: ______________________________________________________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Title: ___________________________ Phone: ___________________________

Date of Verification: ________________

| mm/dd/yy |

*Most registrars are responsive to transcript requests—so this form should only be needed for the rare instances in which a transcript is not available.