

Attachment XI

Arizona Public School Enrollment Verification

This information is to be completed by the public school. Depending on the student's current enrollment status, you may need to provide information for both the current school year and the prior school year. If the student attended more than one public school during a school year, provide information for all public schools (a separate form for each school may be attached).

Current Year: 2025-2026

Student Name:	
Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year:	Grade:
Student was enrolled for one full semester of the school year. Yes ☐ No ☐ If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	

Last Year: 2024-2025

Name of Public School and District:	
First day of school year (mm/dd/yy):	Last day of school year (mm/dd/yy):
Student's Dates of Enrollment for School Year:	Grade:
Student was enrolled for one full semester of the school year. Yes ☐ No ☐ If NO, student was enrolled for _____ days of the school year.	
Name and Title of Individual Completing Form:	
Signature and Date:	