

Verification of Enrollment



Office of Shared Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 226-19
November 2009

Date

PLEASE FAX OR MAIL AS SOON AS POSSIBLE

As required by U.S. Department of Education for transferring students, please confirm the enrollment of the student listed below.

To be completed by **SENDING** school

Student Name _____ D.O.B. _____

School Name

Phone Number

School Address

Fax Number

To be completed by **RECEIVING** school

Return completed form to **SENDING** school at fax or address above.

School Name

Phone Number

Address

Enrollment Date _____

School Official's Name

Title

Signature

Date