

## **ENGLEWOOD PUBLIC SCHOOL DISTRICT**

Office Pupil Personnel Services 274 Knickebocker Rd, Englewood, NJ 07631 Phone (201) 862-6212 Fax (201) 862-6224

## **Enrollment Verification Form**

School: check one			
☐ Donald A. Quarles Early Childhood	l Center		
☐ Dwight Morrow High School			
☐ Dr. John Grieco Elementary School			
☐ Dr. Leroy McCloud Elementary Sch	nool		
☐ Janis E. Dismus Middle School			
Name of Parent(s) Guardian(s)			
Your current address:			
Contact Phone Number:			
Parent or Guardian must complete the fo	llowing information	n below and sign the form.	
Name of Student		Grade	
To whom shall the letter be addressed?			
Street Address			_
C:4	State	Zip Code	
City		•	_

Note: For the protection of your privacy, the district cannot issue letters of verification to an individual who is not listed as the parent/guardian of the child. The issuance of the requested letter is based upon proof of guardianship.

Please allow up to 72 hrs after the submission of your request for the letter to be issued. Our office will contact you when the letter is processed.