

FCA Lady Falcons Girls Varsity Lacrosse

Verification of School Enrollment Form

To be filled in by the parent.

School,

I authorize the release of information to FCA Lady Falcons Girls Varsity Lacrosse to verify enrollment of my child in the below named school.

Parent's Name (print)

Parent's Signature

Date

Name of Private School or Home School Umbrella

Address, City, State, Zip of Private School or Home School Umbrella

Student's Name (print)

Grade in School

To be filled in by the Private School or Home School Umbrella, and returned to FCA Lady Falcons Girls Lacrosse Team.

_____ Yes, the above named child is enrolled in our school or home school umbrella, and is in the grade listed above.

School Administrator's Signature

Date