

NOTE: This form must be submitted for final reimbursement by January 31, 2024. (ALL required documents must be included with the final reimbursement request)

ATTESTATION OF STUDENT ENROLLMENT FORM

(To be completed by parent with notarized signature)

Section 1: Verification (of Demographic Information
First Name	
Middle Initial	
Last Name	
Date of Birth	1 1
Current Age	
Last 4 digits of Social Security Number	
Name(s) of Parent(s)/Guardian(s)	
	ion of Graduation Status
Current graduation status for student	
(Graduated, enrolled, no longer enrolled)	
Section 3: Verification	n of Mississippi Residency
Student's current address	ii of ividuality
Stadent & Carrent address	
Section 4: Verifi	ication of Enrollment
Current Facility serving the student	
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<u>NOTARI</u>	ZED SIGNATURE
Mississippi N	Notary Acknowledgment
ne State of Mississippi	
ounty of	
<u>•</u>	authority in and for the said county and state on th
ry ofin the year 20 within n	
	executed the above and foregoing instrument.
who acknowledged that he/she	executed the above and foregoing instrument.
gnature(s) of Parent(s)/Guardian(s)	
gnature(s) of Farent(s)/Guardian(s)	
otary Public Signature	
our fit done bignature	(SEAL)
rinted name of Notary Public	(SLAL)
integ name of Notary 1 done	