

NOTE: This form must be submitted for final reimbursement by December 17, 2021. (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	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)	
	on of Graduation Status
Current graduation status for student	
(Graduated, enrolled, no longer enrolled)	
Section 3: Verification	n of Mississippi Residency
Student's current address	
	cation of Enrollment
Current Facility serving the student	
	ZED SIGNATURE Totary Acknowledgment
e State of Mississippi	
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ounty of rsonally appeared before me, the undersigned y of in the year 20 within m	
rsonally appeared before me, the undersigned y of within means who acknowledged that he/she	ny jurisdiction, the within named