



Tennessee Department of Children's Services

Verification of Full Time School Attendance

All applicable fields **MUST BE** completed.

Child's Name: _____	DOB: _____
Child's Address: _____	
Street Address	City State Zip

Provide a response for the applicable educational setting below.

This child is enrolled at:	
Name of Daycare/Preschool/Elementary School/Middle School:	
This child is enrolled as a full-time student at:	
Name of High School:	
Anticipated Graduation Date:	
This child is enrolled as a full-time student at:	
Name of Post-Secondary (College/Vocational) School:	
Anticipated Graduation Date:	

Signature: _____ Date: _____
(School Official)

Title: _____ Phone Number: _____

Email Address: _____

Whoever knowingly obtains, or attempts to obtain, or aids, or abets any person to obtain, by means of willfully false statement or representation or by impersonation, or other fraudulent device, any assistance on behalf of a child or other persons pursuant to the Interstate Compact on Adoption and Medical Assistance to which such child or other person is not entitled or assistance greater than such child or other person is entitled, commits a Class E felony. (This means that making any statement that is not true OR failing to inform the Agency of any later change that might affect the adopted child's eligibility for the current assistance rate may result in criminal charges.)

Check the "Forms" Webpage for the most current version and disregard all previous versions. This form may not be altered without prior approval.

Distribution: Adoptive Parent, Permanent Guardian, Subsidy Specialist

RDA 2368

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