ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS VETERANS EDUCATION AND TRAINING SECTION 833 S. Spring Street, Springfield, IL 62704 Phone: 217-782-6641

DECEASED, DISABLED, AND MIA-POW VETERAN'S DEPENDENTS EDUCATIONAL OPPORTUNITY GRANT SCHOOL CERTIFICATION (Completed by Principal or Registrar)

Please return completed form to the parent or legal guardian of the child listed below. The parent or legal guardian must submit this form within the ISAC Student Portal at https://studentportal.isac.org/.

◆ VERIFICATION OF ENROLLMENT OF CHILD

First Name of Child		Last Name of Child			
Street Address		City		State	Zip Code
Grade:					
hereby certify that the ab following school year:	pove-named child is	registered to attend o	or enrolled in t	he Illinois sc	chool named below for the
Month	, Year	to,,	Year.		
Signature of Principal or			Date		
♦ SCHOOL INFOR	MATION				
Name of School					
Street Address		City		State	Zip Code
Office Phone Number					
Official Completing t	his School Certifica	ation Form:			
First Name of Official			Last Name of	Official	
Title					
			e Number		

Special Note: Please return completed form to the parent or legal guardian of the child listed below. The parent or legal guardian must submit this form within the ISAC Student Portal at https://studentportal.isac.org/.

◆ <u>VERIFICATION OF ENROLLMENT FOR HOME SCHOOL STUDENTS</u>

In lieu of completing this form, home schooled children must provide proof of compliance with Illinois compulsory attendance requirements as provided in Section 26-1 of the Illinois School Code. Applicant must submit such proof, such as attendance and grade records, within the ISAC Student Portal at https://studentportal.isac.org/.

IMPORTANT NOTICE This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of ILCS Ch. 330, 105/1. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed.