

## PUBLIC / CHARTER SCHOOL ATTENDANCE VERIFICATION

**This form must be completed and signed by school administrator.**

Please upload this form at the time you submit your student's Online scholarship application or scan and email to [Info@sto4kidz.org](mailto:Info@sto4kidz.org)

A student is eligible to receive **Switcher Tax Credit** Award if "The student attended a public school in Arizona as a full-time student (K-12) for at least 90 days or one full semester of the prior fiscal year before transferring to a qualified private school in Arizona.

**Parent/Guardian:** This form verifies that your student attended a public school in the school year prior to attending the private school. A public school representative **MUST** complete this form, not the parent/ guardian. If your student attended more than one public school in the year prior to attending the private school, please submit multiple forms to STO4KIDZ from each public school. It is your responsibility to coordinate the completion and submission of this form to STO4KIDZ. You must also submit an STO4KIDZ Application for the named student, please apply online at [www.sto4kidz.org](http://www.sto4kidz.org).

**Public School:** Please provide the public school name, district, the student's start and end dates of the prior and current school year's attendance for these academic years (if applicable). All dates must specify the month, day and year. Please return the completed form to the requesting parent/ guardian or submit to STO4KIDZ directly.

Student Name: _____		
Public School and District Name: _____		
<b>Current School Year</b> (if applicable): ____/____/____		
Student's Start Date of CURRENT School Year: ____/____/____		
Student's Last Day of CURRENT School Year: ____/____/____		
Student was enrolled for one full semester of the CURRENT school year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CURRENT Grade: _____		
If NO, student was enrolled for _____ days of the school year.		
<b>Prior School Year</b> (if applicable): ____/____/____		
Student's Start Date of PRIOR School Year: ____/____/____		
Student's Last Date of PRIOR School Year: ____/____/____		
Student was enrolled for one full semester of the PRIOR school year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PRIOR Grade: _____		
Name and Title of school official completing this form: _____		
Signature: _____	Date: ____/____/____	

**NOTE:** A school tuition organization cannot award, restrict, or reserve scholarships solely on the basis of a donor's recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer's own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.