

**SCHOOL AND DISTRICT ELIGIBILITY VERIFICATION FORM**  
**(For Safe at Home Participants)**

Date of Request: \_\_\_\_\_

Name and Title (of person making the request):  
\_\_\_\_\_

Requesting School: \_\_\_\_\_

Requesting District: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax or email: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Student's (or Parent's) Safe at Home Authorization Number: \_\_\_\_\_

**PLEASE EMAIL OR MAIL THE COMPLETED FORM DIRECTLY TO SAFE AT HOME.**

**SAFE AT HOME WILL CHECK THE STUDENT'S ENROLLMENT ELIGIBILITY BASED ON THE ACTUAL ADDRESS CONTAINED IN OUR RECORDS. SAFE AT HOME WILL PROVIDE WRITTEN CONFIRMATION OR DENIAL OF ENROLLMENT ELIGIBILITY DIRECTLY TO THE SCHOOL.**