Word of Life Bible Institute

Home School Verification Form 2016-2017

WOLBI Admissions Office

PO BOX 129 Pottersville, NY 12860

I. Student Information

Name: _____ Date of Graduation: _____

LAST FIRST MIDDLE INITIAL

Student Signature: X _____

Parent or Administrator Name: _____

Parent or Administrator Signature: X _____

II. U.S. Department of Education recognition

In accordance with the U.S. Department of Education ((34 CFR § 668.32(e)(4).), the above student has (check one):

☐ Obtained a secondary school completion credential as provided by state law

☐ Completed a secondary education program in a home school setting according to state law

Home School Organization (if any): _____

Address of Home School Organization: _____

NUMBER AND STREET OR ROUTE AND BOX

_____ _____ _____

CITY STATE/PROV POSTAL/ZIP CODE

III. Home Education Involvement

High School Years enrolled in Home Education Program:

☐ 9th ☐ 10th ☐ 11th ☐ 12th

Please list activities and honors pertaining to the student:

_____

_____

_____

_____

_____

_____

Please use the enclosed Transcript Form or attach a type written copy of your own that includes the same information.