

School Application Verification Form

[School Name]

[School Address]

[Contact Number]

[Email Address]

Date: _____

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Gender: Male Female Other
- Grade/Class Applied For: _____
- Application Submission Date: _____

Parent/Guardian Information:

- Full Name: _____
- Relationship to Applicant: _____
- Contact Number: _____
- Email Address: _____

Supporting Documents Submitted:

Birth Certificate

Previous School Records

Proof of Address

Vaccination Record

Other: _____

Verification Details:

- Status of Application: Approved Pending Rejected

- **Verification Completed By:** _____
 - **Remarks (if any):** _____
-

Authorized Signatory:

- **Name:** _____
- **Designation:** _____
- **Signature:** _____
- **Date:** _____