



Palo Alto Unified School District
25 CHURCHILL AVENUE, PALO ALTO, CALIFORNIA 94306

REGISTRATION SERVICES
TELEPHONE: (650) 329-3707 FAX: (650) 321-4525
EMAIL: REGISTRATIONSERVICES@PAUSD.ORG

REQUEST FOR STUDENT ENROLLMENT VERIFICATION

Print Student Name: _____
Student ID: _____ Include on Letter? Yes or No (CIRCLE ONE)
Phone Number: _____
Parent Address: _____
Parent Signature: _____
Date: _____

Please complete applicable box(es)

- Official Enrollment Letter
- Unofficial Enrollment Letter
- I will pick up the completed form from the Registration Services office
- Please mail verification to the following address:

Name: _____

c/o (if applicable): _____

Street Number/ Apt #: _____

City/ State/ Zip Code: _____

- Please include the following **ADDITIONAL** information with the verification:
Examples include: *Date/s of Attendance* *School/s of Attendance* *Grade Levels*

Date Enrollment Verification Letter Needed: _____