METROPOLITAN SCHOOL DISTRICT
LAWRENCE TOWNSHIP

Dr. Shawn A. Smith
Superintendent

Lawrence Education & Community Center
5720 Wheeler Road
Indianapolis, IN 46216
(317) 423-8200

Date:

To Whom It May Concern:

This letter serves as verification that (Student Name), (Date of Birth), has been actively enrolled in the Metropolitan School District of Lawrence Township since (Date of Enrollment).

This school year, as a (Grade)-grade student, (Student) has attended _____out of _____ days of school.

(Student) is classified as a (special/general education) student. (Student)'s

academic performance is (at/above/below) grade level.

*OPTIONAL – Describe student's ties to the school – ie. clubs, activities, classroom participation.

*OPTIONAL – Describe the involvement of parent(s) in student's education and school activities.

*OPTIONAL – If in high school, describe student's plans for college/career.

"…highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short – and long-term health. This type of prolonged exposure to serious stress – known as toxic stress – can carry lifelong consequences for children."

-Colleen Kraft, MD, MBA, FAAP
President, American Academy of Pediatrics, 2018 If

you need additional information, please contact me at (317) xxx - xxxx.

Sincerely,

(Administrator/Teacher Name)