

APPLICATION FOR VETERANS' CHILDREN EDUCATIONAL OPPORTUNITIES-Part II

◆ SCHOOL INFORMATION

Name of Child _____ Grade of Child _____

Name of School _____

Street Address _____ Office Phone Number _____

City/State/Zip _____

◆ VERIFICATION OF ENROLLMENT OF CHILD

I, _____, hereby certify that the above named child is registered to attend the
Printed Name of Principal or Registrar above named school for the following school year ---

_____, _____ to _____, _____
Month Year Month Year

Signature of Principal or Registrar

Date

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

◆ PAYEE CERTIFICATION

I, _____, certify that the above named child has been a resident of Illinois for
Printed Name of Payee one year preceding this application and will reside with me during
the current school year. I further state that the foregoing statements
are true and correct to the best of my knowledge.

Signature of Payee

Date

**SUBMIT WITH THE FOLLOWING EVIDENCE WHEN APPLICABLE: BIRTH CERTIFICATE,
DEATH CERTIFICATE, ADOPTION DECREES, LETTERS OF GUARDIANSHIP AND POWER OF
ATTORNEY.**

IMPORTANT NOTICE

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of ILCS Ch. 330, 105/1. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed.