| Date:  |
|--|
| To Whom It May Concern,  |
| This letter is to very that the below student attended this school for at least 12 full weeks for the 2024-2025 School Year. |
| Student Name:  |
| Student Grade:   |
| Name of School Official filling out this document:   |
| Title:   |
| Contact Information:   |
| Signature:   |
|  |
| *Instruction for school official: Please print this document out on school letterhead and then fill out.                     |