

Iowa Department of Human Services
Enrollment Verification

Date: ___ / ___ / ____
Child: _____
Payee: _____

The Child Support Recovery Unit is responsible for collecting and distributing child support payments. We understand the child listed above may be enrolled as a student in your facility, and we need to verify the child's educational status.

Please provide us with the following information:

1. Is this child engaged full time in completing high school graduation or equivalency requirements in a manner which is reasonably expected to result in completion of the requirements prior to the child reaching nineteen years of age? Yes No

If **yes**, what is the expected completion date?

Month ____ Day ____ Year ____

If **no**, when was the child last engaged full time in completing high school graduation or equivalency requirements?

Month ____ Day ____ Year ____

2. Is the child home-schooled? Yes No

List the name of the child's certified teacher.

List the phone number or address of the child's certified teacher.

Signature of Person Providing Information	
Title	Date

Thank you for supplying this information. If you have any questions please contact: 1-888-229-9223 (within the United States) or 515-242-5530 (in the Des Moines metro area or outside the US.)

