

HOME SCHOOL ACTIVITY VERIFICATION

DATE: _____

STUDENT: _____ (PLEASE PRINT)

EVIT PROGRAM ENROLLED IN: _____

THE ABOVE STUDENT HAS INDICATED THAT ON _____ ,
HE/SHE WAS PARTICIPATING IN A MANDATORY ACTIVITY AT
_____ HIGH SCHOOL. IN ORDER FOR THIS TO BE RECORDED AS A HOME
SCHOOL ABSENCE, EVIT REQUIRES THE FOLLOWING INFORMATION:

DESCRIPTION OF ACTIVITY: _____
SIGNATURE AND PHONE NUMBER OF ADMINISTRATOR OR TEACHER
RESPONSIBLE FOR ACTIVITY:

SIGNATURE: _____ PRINT: _____

PHONE NUMBER: _____

TURN THIS COMPLETED FORM IN WITHIN 5 DAYS OF THE ACTIVITY TO EVIT
ATTENDANCE. **ALL COMPLETED FORMS WILL BE VERIFIED.**

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