

**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: \_\_\_\_\_

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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