



Date:

To Whom It May Concern:

This letter serves as verification that (Student Name), (Date of Birth), has been actively enrolled in (Grade) in the Metropolitan School District of Lawrence Township since (Date of Enrollment).

(Student) has attended ____ out of ____ days of school.

(Student) is classified as a (special/general education) student.

(Student)'s academic performance is (average, above average, below average).

*OPTIONAL - (Student) participates in (describe student's ties to the school – ie. clubs, activities, classroom participation).

*OPTIONAL - (Describe the involvement of parent(s) in student's education and school activities).

*OPTIONAL – (If in high school, describe student's plans for college/career pathway).

“...highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress – known as toxic stress – can carry lifelong consequences for children.”

-Colleen Kraft, MD, MBA, FAAP

President, American Academy of Pediatrics, 2018

If you need additional information, please contact me at (317) XXX-XXX.

Sincerely,

(Administrator/Teacher Name)