



WARREN COUNTY YOUTH FOOTBALL LEAGUE

SCHOOL VERIFICATION FORM

To Be Filled Out By Parent/Legal Guardian

Date Requested: _____

Player/Student Name: _____ Date of Birth: _____

Parent/Guardian Address: _____
(Street) (City/State) (Zip)

(Name (Printed) of Parent/Legal Guardian) (Signature of Parent/Legal Guardian) (Date)

To be filled out by School Administrator, Principal or Vice Principal

I, _____ of _____ School, located at
(Print Name) (Print School Name)

_____, hereby verify that _____
(Physical Address) (Student Name Printed)

has enrolled and is attending above named school location for the 2018 academic year.

The student has been enrolled as of _____
(Date)

(Signature) (Date) Title (School Administrator, Principal or Vice Principal)