



## SCHOOL ATTENDANCE REPORT

1. VA FILE NUMBER

C/CSS -

**Privacy Act Notice:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine entitlement to benefits for a veteran's child who is between age 18 and 23 and attending school (38 U.S.C. 104(a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VAIf](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VAIf) desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

2. VA OFFICE TO WHICH THIS FORM SHOULD BE RETURNED

3. FIRST, MIDDLE, LAST NAME OF VETERAN

4A. FIRST, MIDDLE, LAST NAME OF STUDENT

4B. SOCIAL SECURITY NUMBER OF STUDENT

**INSTRUCTIONS:** Complete either Part I or Part II, and return the completed form to the VA office shown in Item 2.

### PART I - VERIFICATION OF SCHOOL ATTENDANCE

*(To Be Completed By Claimant)*

Benefits have been awarded because the student named in Item 4 expects to start a course of training. Complete Part I, and return this form to the VA office shown in Item 2 within 30 days after the date the student begins the course. If the form is not returned, benefits paid based on school attendance will be discontinued.

**NOTE:** The form will be signed by the student only if he or she has reached the age of majority and is receiving benefits in his or her own right. The age of majority is determined by State law; it is age 18 in most States. Otherwise, the parent, guardian, or custodian will sign and also enter his or her relationship to the student in Item 8.

5. OFFICIAL BEGINNING DATE OF REGULAR TERM OF COURSE (Month, day, year)

6A. DID STUDENT START THE COURSE OF TRAINING?

- YES (If "Yes," complete Item 6B)  
 NO (If "No," enter reason in Item 14)

6B. DATE STUDENT STARTED COURSE OF TRAINING (Month, day, year)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

7. SIGNATURE

8. RELATIONSHIP TO STUDENT

9. DATE

10A. DAYTIME TELEPHONE NUMBER (Including Area Code)

10B. EVENING TELEPHONE NUMBER (Including Area Code)

### PART II - VERIFICATION OF TERMINATION OF SCHOOL ATTENDANCE

*(To Be Completed By School)*

Information has been received that the student named in Item 4 discontinued his or her course of training at your school. Please complete Items 11 through 17 and return this form to the VA office shown in Item 2.

11A. DATE SCHOOL ATTENDANCE TERMINATED (Month, day, year)

11B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH COURSE?

- YES (If "Yes," complete Item 12A)  
 NO (If "No," complete Item 12B)

12A. BEGINNING DATE OF THE NEXT REGULAR TERM FOLLOWING THE DATE STUDENT DISCONTINUED SCHOOL (Month, day, year)

12B. OFFICIAL ENDING DATE OF REGULAR TERM (Month, day, year)

13. REASON FOR TERMINATION OF ATTENDANCE

14. REMARKS

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

15. NAME OF SCHOOL

16. SIGNATURE AND TITLE OF SCHOOL OFFICIAL

17. DATE

**PENALTY -** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statements or evidence of a material fact, knowing it to be false.