FOREIGN SERVICE RETIREMENT AND DISABILITY SYSTEM
CERTIFICATION OF FULL-TIME SCHOOL ATTENDANCE
Important: Give Full Information; type or print in ink

Part A – TO BE COMPLETED BY CLAIMANT (Person having the custody of the child)

1. **Child's Name and Address**	2. **Social Security Number:**	3. **Child's Birth Date**
4. **Deceased Parent's Name**	5. **Is Child Married: Yes ☐ No ☐** (If "Yes", show date, sign item 9, return form. It is not necessary to complete the rest of the form). 6. **Will child continue full-time school attendance with less than a 5-month break after the end of the present school year?** Yes ☐ No ☐ Undecided ☐ (If "No" or "Undecided", do not complete items 6 & 7)	
7. **Date Next School Year begins. If actual date is not know, show approximate date.** (Month) (Day) (Year)	8. **Complete name and mailing address (including Zip code) of educational institution child will attend next year.**	

9. **Claimant's Signature**: I CERTIFY THAT ALL INFORMATION GIVEN IN THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MYKNOWLEDGE AND BELIEF. (IF ANY CHANGES OCCURS, I WILL NOTIFY THE DEPARTMENT OF STATE.

_____DATE:_____
(SIGNATURE OF CLAIMANT – PERSON HAVING CUSTODY OF THE CHILD)

PART B – TO BE COMPLETED BY OFFICIAL OF EDUCATIONAL INSTITUTION FOR THE SCHOOL YEAR
_____TO_____
(Mo., Yr.) (Mo., Yr.)

1. **Is/Was child enrolled in a full-time course of resident study or training (not correspondence) for the period requested** **Yes ☐ No ☐**	2. **Actual Date child started for request school year** **(Month) (Day) (Year)**	3. **Official Ending Date of School Year** **(Month) (Day) (Year)**
4. **Check Type of Educational Institution:** ☐ High School ☐ Junior College ☐ Trade School ☐ College/University ☐ Technical Institute ☐ Other Specify ☐ Vocational Institute	5. **Show Complete Name and Mailing Address of School**	
6. **Show Total School Hours Per Week** **Hours** A. If College or equivalent, credit hours _____ B. If high school or equivalent, actual clock hours _____ C. If in a work-study plan sponsored by the school Hours at work. . . _____ hours at school. . . _____		
7. **Check child's grade level:**	**High School** ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	**College** ☐ 1 ☐ 2 ☐ 3 ☐ 4	**Other:**

COMPLETE ITEMS 1 & 2 ONLY IF INSTITUTION IS NOT A STATE COLLEGE, STATE UNIVERSITY, OR PUBLIC HIGH SCHOOL

1. **Show complete name and address (including Zip Code) of Organization which accredits, licenses, or otherwise recognizes school**	2. **If Educational Institution is licensed show:** A. **Current License Number**	B. **Expiration Date of License** **(Month) (Day) (Year)**

School Official Signature: I CERTIFY THAT THE INFORMATION GIVEN IN REGARD TO REQUESTED SCHOOL ENROLLMENT OF THE ABOVE-NAMED CHILD IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

_____ **DATE** _____
Signature of official of educational institution and title

IF A FACISIMILE SIGNATURE STAMP IS USED, IT MUST BE INITIALED BY THE USER

WARNING: ANY INTENTIONAL FALSE STATEMENT, WILLFUL CONCEALMENT OF A MATERIAL FACT, OR USE A WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN A FALSE, FICITIOUS, OR FRAUDALENT STATEMENT OR ENTRY, IS A VIOLATION OF THE LAW PUNISHABLE BY A FINE OR NOT MORE THAN $10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS OF BOTH. (18 U.S.C. 1001)