

Child Attending School Confirmation Form

ORS 107.108

Student's Full Name:	Student ID Number:
Paying Parent's Name (first, last):	CSP #:

Must Be Completed By the Student

I am **attending** school or on a regularly scheduled break.

**Name of school: _____

I expect to graduate from or stop attending this school on: Month _____ Day _____ Year _____

After I graduate or stop attending the school named above I **will**:

Attend a different school:

**Name of school: _____

Date classes begin: Month _____ Day _____ Year _____

Expected graduation date: Month _____ Day _____ Year _____

Not be attending school.

I am **not attending** school at this time.

****NOTE: The name of the school is mandatory. However, if you filed a claim of risk because of safety concerns, we will remove the name of the school from the documents we provide to the paying parent.**

Date

Student signature

Print name clearly

Must Be Completed By the School

If this school contracts with the National Student Clearinghouse (NSC), the school must complete question #2, and the student must attach the Enrollment Verification Certificate from the NSC to this form.

1. Is the student enrolled in at least one-half of a fulltime course load as defined by your school?

Yes No (If answer is no, you may skip question 2)

2. Is the student maintaining satisfactory academic progress as defined by your school?

Yes No

Signature of Registrar/School Official

Date

Printed Name of Registrar/School Official

Name of School

Contact Phone Number

Forms may be e-mailed, faxed or mailed to:

Division of Child Support, ATTN: Child Attending School Team

E-mail: CAST@doj.state.or.us Fax: (503) 986-0543

4600 25th Ave NE, Suite 180, Salem OR 97301