



**Idaho Falls  
School District 91**  
*A World Class Education*

## VERIFICATION OF COMPLIANCE

This is to verify that the below named student is in compliance with §49-303A Idaho Code.

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different only)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Signature of School Principal or Designee

Title: \_\_\_\_\_

School Seal/Stamp}