



VISTA JR. EAGLES FOOTBALL AND CHEER



School Enrollment Verification

This letter serves as official verification that

_____ (Player Name)

is currently enrolled at _____ school and

will be entering the _____ grade for the 2024/25 school year. The student's age and date of birth are Age: _____ / DOB: _____.

Please place your **official school stamp** in the box below. If you do not have an official school stamp, please provide the above statement and signature on your **school letterhead**.

_____/_____/_____ School Rep signature Name (Please print) Date

_____/_____/_____ Parent/Guardian signature Name (Please print) Date

