



# PUBLIC SCHOOL ATTENDANCE VERIFICATION FORM

602. 466. 8503  
Info@PSTF123.org  
www.PSTF123.org

*Please **complete, scan and email** this form to **Info@PSTF123.org**  
**OR mail** it to **PSTF123** at **428 E. Thunderbird Rd. #130 Phoenix, AZ 85022***

A student is eligible to receive Overflow/PLUS (Private Learning Uplifting Students( Tax Credit Award if “The student attended a public school in Arizona as a full-time student (K-12) for at least 90 days or one full semester of the prior fiscal year prior to transferring to a qualified private school in Arizona.

**Parent/Guardian:** This form verifies that your student attended a public school in the school year prior to attending the private school. This information must be completed by a public school representative, not the parent. If your student attended more than one public school in the year prior to attending the private school. Please submit multiple forms to PSTF123 from each public school. It is your responsibility to coordinate the completion and submission of this form to PSTF123. You must also submit an PSTF123 Application for the named student, please go to [www.PSTF123.org](http://www.PSTF123.org) to apply.

**Public School:** Please provide the public school name, district, the student’s start and end dates of the prior and current school year’s attendance for these academic years (if applicable). All dates must specify the month, day and year. Please return the completed form to the requesting parent/ guardian or submit to PSTF123 directly.

Student Name: \_\_\_\_\_

Public School and District Name: \_\_\_\_\_

**Prior School Year** (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student’s Start Date of PRIOR School Year: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student’s Last Date of PRIOR School Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student was enrolled for one full semester of the PRIOR school year.       Yes       No      PRIOR Grade: \_\_\_\_\_

**Current School Year** (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student’s Start Date of CURRENT School Year: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student’s Last Day of CURRENT School Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student was enrolled for one full semester of the CURRENT school year.       Yes       No      CURRENT Grade: \_\_\_\_\_

If NO, student was enrolled for \_\_\_\_\_ days of the school year..

Name and Title of School Representative Completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** A school tuition organization cannot award, restrict, or reserve scholarships only on the basis of a donor’s recommendation. A taxpayer may not claim a tax credit if the taxpayer agrees to swap donations with another taxpayer to benefit either taxpayer’s own dependent. A.R.S. 43-1603 (C). Any designation of your own dependent as a potential recipient is prohibited.