



VERIFICATION OF IDENTITY

Please bring this form with an original birth certificate, passport, or original adoption papers to the school office for verification. Photocopies, digitized scans, or faxes cannot be accepted. Original documents will be recorded, but not retained by the school.

Section 1: To be completed by parent or legal guardian:

Child Name:		
Address:		
City:	State:	Zip:
Date of Birth:		
Social Security Number:		

Parent/Guardian Certification: By signing below, I attest that I am a custodial parent or legal guardian of the above-named child, and that the above-named child is the same child I have enrolled at Arlington Montessori House. I present the described document as verification of the child's identity and attest that this document is genuine and unaltered.

Parent/Guardian Signature

Date

Section 2: To be completed if Section 1 is completed or interpreted by a person other than the legal parent or guardian:

Preparer/Translator Certification: By signing below, I attest that I have translated this form accurately and completely to the signatory in Section 1 of this form, and to the best of my knowledge the information provided is true and correct.

Preparer/Translator Signature

Date

Section 3: To be completed by Arlington Montessori House officer or employee:

Document Title:			
Document Type:	Birth Certificate	Passport	Other _____
Issuing Authority:		Document Number:	
Date Issued:	Expiration Date (if any):		

Arlington Montessori House Certification: By signing below, I attest that I have examined the above document presented to verify the identity of the child named in Section 1 of this form, and that this document appears to be genuine.

Employee/Officer Signature

Date