

Zane Trace Workbook - DPIA Application

Print Student Information

Name

School

Grade

Fee Amount

AFDC Number

SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the information is true and correct. I understand that this information is being given for the receipt of state funds; that school officials may verify the information on the application; and the deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

<input type="checkbox"/> _____ Signature of Adult Household Member	<input type="checkbox"/> _____ Social Security Number
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Printed Name _____ Date _____

Street/Apt. No. _____ City/State/Zip _____

FOR OFFICE USE ONLY

Application Approved, Wavier Granted _____

Application Rejected, Waiver Not Granted _____