



# WARREN COUNTY YOUTH FOOTBALL LEAGUE

## SCHOOL VERIFICATION FORM

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### To Be Filled Out By Parent/Legal Guardian

Date Requested: \_\_\_\_\_

Player/Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

\_\_\_\_\_  
(Name (Printed) of Parent/Legal Guardian) (Signature of Parent/Legal Guardian) (Date)

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### To be filled out by School Administrator, Principal or Vice Principal

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print School Name)

\_\_\_\_\_, hereby verify that \_\_\_\_\_  
(Physical Address) (Student Name Printed)

has enrolled and is attending above named school location for the 2018 academic year.

The student has been enrolled as of \_\_\_\_\_  
(Date)

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\_\_\_\_\_  
(Signature) (Date) Title (School Administrator, Principal or Vice Principal)

*Once completed scan or take a photo and email to [playwcyfl@gmail.com](mailto:playwcyfl@gmail.com) or drop at Phil Moore Park Gym.*