

Attachment H -04/2025

WIOA School Dropout Status Form

Identifying Information				
Applicant's Name:				Participant ID:
-	Last	First	MI	Application Date:
☐ I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM NO LONGER ATTENDING ANY SCHOOL AND THAT I HAVE NOT RECEIVED A SECONDARY SCHOOL DIPLOMA OR ITS RECOGNIZED EQUIVALENT. Last School Attended:				
	Location:			
	Dates of Attendance	:		
Highest Grade Level Completed:				
I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.				
Applicant Signature			Date	
Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)			_	Date
CERTIFICATION				
I certify that the information recorded on this form was provided by the individual whose signature appears above.				
Case Manager Signature Date				Date

