

# Word of Life Bible Institute

Word of Life Bible Institute Admissions Office ~ PO Box 129 ~ Pottersville, NY 12860

## Home School Verification Form

Name of Student: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent or Administrator Name: \_\_\_\_\_

Parent or Administrator Signature: \_\_\_\_\_

In accordance with the U.S. Department of Education ((34 CFR § 668.32(e)(4).), the above student has (check one):

- Obtained a secondary school completion credential as provided by state law  
or  
 Completed a secondary education program in a home school setting according to state law

Home School Organization (if any): \_\_\_\_\_

Address of Home School Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School Years enrolled in Home Education Program:

9<sup>th</sup>       10<sup>th</sup>       11<sup>th</sup>       12<sup>th</sup>

Please list activities and honors pertaining to the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use the enclosed Transcript Form or attach a type written copy of your own that includes the same information.**