



District of Columbia Retirement Board (DCRB)
Benefits Department

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Periodic Certification of Full-Time School Attendance

Complete and return the original form. Copies or faxed forms are not acceptable.
AN OFFICIAL SCHOOL SEAL IS REQUIRED

Deceased Employee:	Employee ID Number:	Name of Child:
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Instructions

The child named above is receiving a survivor annuity as a student-child pursuing a full-time course of resident study or training in a recognized educational institution. We must verify that he/she has resumed school attendance within five (5) months after the end of the past school year. We also need to update our information on plans for school attendance after the current school year.

To avoid interruption of annuity payments. Please complete and promptly return the form on the back side. If the form cannot be returned within thirty (30) days, tell us why.

- 1) The claimant must identify the child in Part A of the form.
- 2) The school official must show the child's present school attendance in Part B. If the child has not returned to school when you receive this notice, have the school official complete Part B as soon as the child returns.
- 3) The claimant must show the child's plans for future school attendance, if any, in Part C. If the child is undecided about school attendance after the present school year, please state this information in Part C, item 1. Notify DCRB promptly if the child's plans later change.

Definitions

A **Student-Child** is a qualified unmarried child between ages eighteen (18) and twenty-two (22) who is regularly pursuing a "full-time course of resident study or training" in a high school, trade school, technical or vocational institute, junior college, college, university, or comparable "recognized educational institution." A monthly annuity also is paid during non-school intervals of not over five (5) months between school years or terms if the child shows a clear intention to continue as a full-time student in the same or a different school.

A **Full-Time Course of Resident Study or Training** means a day or evening non-correspondence course which contemplates school attendance at the rate of a least 36 weeks per academic year with a subject load sufficient, if successfully completed, to attain the educational or training objective within the period generally accepted as minimum for completion, by a full-time day student, of the academic or training program concerned.

A **Recognized Educational Institution** is one which is accredited by an appropriate accrediting body, or part of a State public school system, or recognized by a State department of education or State university, or licensed by a State department of education or State university, or licensed by a State or other appropriate licensing body, or otherwise recognized by an officially established organization designated for that purpose.

IMPORTANT: Claimant must promptly inform this office if the above-named child transfers to another school, discontinues school attendance, reduces attendance to less than full-time, marries, or dies.

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Periodic Certification of Full-Time School Attendance

Form

Please certify from: _____ through _____

Important: Read the front page of this document before answering the questions below. Give full and complete information. Typewrite or print in ink.

Warning: Any intentional false statement, willful concealment of a material fact, or use of a writing or document knowing the same to contain a false, fictitious, or fraudulent statement or entry, is a violation of the law.

Part A: Identification of Child (to be completed by claimant)

1. Name of Child (Last, First, Middle)	2. Date of Birth (mm/dd/yyyy)	3. Is the child married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of marriage:
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Part B: Present School Attendance (to be completed by school official)

1. Enter Beginning and Ending Dates of Child's Present School Year (mm/dd/yyyy) From: To:	2. Enter Child's Total Hours School Attendance Each Week	3. Enter Child's Grade Level
4. Is the child enrolled for full-time course of resident study or training? (See the definition on front side of this document.) <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is the child enrolled in a work study plan sponsored by the school? (If yes, explain on a separate sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Provide the diploma, degree, license, etc. that the course of study leads to:
7. Check Type of School <input type="checkbox"/> High School <input type="checkbox"/> Technical, Trade, or Vocational School <input type="checkbox"/> Junior College <input type="checkbox"/> Other (specify) <input type="checkbox"/> College or University	8. Enter Complete Name and Mailing Address of School	
9. Enter the complete name and address of the organization that the school named in item 8 is accredited, licensed, or otherwise recognized by. If a licensed school, also give the current license number and expiration date.		
Signature and Title of School Official:		Date:
Phone Number:		

Part C: Future School Attendance (to be completed by claimant)

Show child's present school status. If between school years, complete for child's most recent past school year.

1. Will this child continue schooling after the present school year shown in Part B above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	2. If yes to #1, will the child attend the same or a different school? <input type="checkbox"/> Same School <input type="checkbox"/> Different School	3. If the child will attend the same school or has been accepted at a different school, enter the beginning date of the next school year.
4. If the child has been accepted at a different school for next school year, enter the complete name and mailing address of that school.		
5. If the child will not attend the same school next year and has not been accepted at a different school, give details of any other action taken to continue schooling including the name and mailing address of the school. If the child has applied for school admission next year, so state. Give the beginning and end date of the child's next school year, if known.		
Signature of Claimant:		Date: