



District of Columbia Retirement Board
Benefits Department

900 7th Street, NW, 2nd Floor
Washington, DC 20001
Telephone: (202) 343-3272 /
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Facsimile: (202) 566-5001

Form with three sections: DECEASED EMPLOYEE, EMPLOYEE NUMBER, NAME OF CHILD

Complete and return original form, No Copies or Faxed Forms are acceptable.
OFFICIAL SCHOOL SEAL IS REQUIRED.

PERIODIC CERTIFICATION OF FULL-TIME SCHOOL ATTENDANCE

The above-named child is receiving 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 (or she) has resumed school attendance within 4 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 other side of this notice. If it cannot be returned within 30 days, tell us why.

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

DEFINITIONS

A STUDENT-CHILD:--is a qualified unmarried child between ages 18 and 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." Monthly annuity also is paid during non-school intervals of not over 4 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 student-child whose 22nd birthday falls from September 1 through June 30, is deemed not to have attained age 22 until the following July 1.

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.

Please certify from:

January 2012

Through

June 2012

FA 78-A (10-65)

CERTIFICATION OF FULL-TIME SCHOOL ATTENDANCE
PAYROLL AND RETIREMENT SECTION

IMPORTANT: READ REVERSE SIDE BEFORE ANSWERING QUESTIONS BELOW: GIVE FULL INFORMATION: TYPEWRITE OR PRINT IN INK.

PART A – IDENTIFICATION OF CHILD – TO BE COMPLETED BY CLAIMANT

1. NAME OF CHILD (LAST, FIRST, MIDDLE)	2. DATE OF BIRTH (MO., DAY, YR.) 2/10/1990	3. IS CHILD MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PART B-PRESENT SCHOOL ATTENDANCE – TO BE COMPLETED BY SCHOOL OFFICIAL

SHOW CHILD'S PRESENT SCHOOL STATUS. IF BETWEEN SCHOOL YEARS, COMPLETE FOR CHILD'S MOST RECENT PAST SCHOOL YEAR.

1. ENTER BEGINNING AND ENDING DATES OF CHILD'S PRESENT SCHOOL YEAR (MONTH, DAY, YEAR)		2. ENTER CHILD'S TOTAL HOURS SCHOOL ATTENDANCE EACH WEEK.	3. ENTER CHILD'S GRADE LEVEL.
FROM	TO		
4. IS CHILD ENROLLED FOR FULL-TIME COURSE OF RESIDENT STUDY OR TRAINING? *(SEE DEFINITION OR REVERSE SIDE. <input type="checkbox"/> YES <input type="checkbox"/> NO		5. IS CHILD ENROLLED IN A WORK STUDY PLAN SPONSORED BY THE SCHOOL? IF "YES" EXPLAIN ON SEPARATE SHEET	6. GIVE DIPLOMA, DEGREE, LICENSE, ETC., THAT COURSE OF STUDY LEADS TO.
7. CHECK TYPE OF SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> JUNIOR COLLEGE <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TECHNICAL, TRADE OR VOCATIONAL SCHOOL <input type="checkbox"/> OTHER (SPECIFY)		8. ENTER COMPLETE NAME AND MAILING ADDRESS OF SCHOOL	
9. ENTER COMPLETE NAME AND ADDRESS OF ORGANIZATION THAT SCHOOL NAMED IN ITEM 8 IS ACCREDITED, LICENSED, OR OTHERWISE RECOGNIZED BY. IF A LICENSED SCHOOL, ALSO GIVE CURRENT LICENSE NUMBER AND EXPIRATION DATE.			
SCHOOL OFFICIAL SIGNS HERE 		SIGNATURE AND TITLE OF SCHOOL OFFICIAL _____ DATE _____	

PART C – FUTURE SCHOOL ATTENDANCE – TO BE COMPLETED BY CLAIMANT

SHOW CHILD'S PLANS FOR SCHOOL ATTENDANCE AFTER THE ENDING DATE OF PRESENT SCHOOL YEAR SHOWN IN ITEM 1, PART B ABOVE.

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, WILL CHILD ATTEND THE SAME OR DIFFERENT SCHOOL? <input type="checkbox"/> SAME SCHOOL <input type="checkbox"/> DIFFERENT SCHOOL	2. IF CHILD WILL ATTEND SAME SCHOOL OR HAS BEEN ACCEPTED AT A DIFFERENT SCHOOL. ENTER THE BEGINNING DATE OF THE NEXT SCHOOL YEAR.
4. IF CHILD HAS BEEN ACCEPTED AT A DEFERENT SCHOOL FOR NEXT SCHOOL YEAR, ENTER COMPLETE NAME AND MAILING ADDRESS OF SCHOOL.		
5. IF CHILD WILL NOT ATTEND SAME SCHOOL NEXT YEAR AND HAS NOT BEEN ACCEPTED AT A DIFFERENT SCHOOL, GIVE DETAILS OF ANY OTHER ACTION TAKEN TO CONTINUE SCHOOLING, INCLUDING NAME AND MAILING ADDRESS OF SCHOOL. IF CHILD HAS APPLIED FOR SCHOOL ADMISSION NEXT YEAR, SO STATE. GIVE BEGINNING DATE OF CHILD'S NEXT SCHOOL YEAR. IF KNOWN.		
SCHOOL OFFICIAL SIGNS HERE 		SIGNATURE AND TITLE OF SCHOOL OFFICIAL _____ DATE _____

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