



Southern California Conference of Seventh-day Adventists®

Office of Education

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Age Audits

School: _____ School Year: _____

T-K

Kindergarten

First Grade

Student's Name <small>(Last Name, First Name Initial)</small>	Date of Birth <small>(MM/DD/YYYY)</small>	Type of Verification <small>(Gov. issued document, i.e.: Passport, Birth Certificate, etc.)</small>

Principal's Signature

Date