

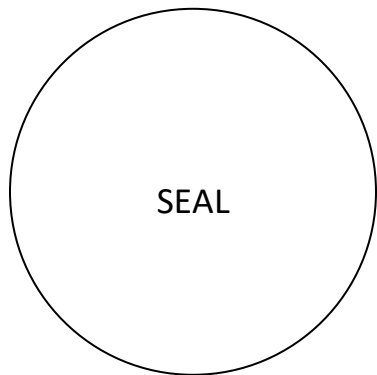
CERTIFICATION OF SCHOOL ATTENDANCE

This certification is requested on behalf of the student named below to determine eligibility for National Health Insurance, under the Republic of Palau Healthcare Fund. Your cooperation in promptly completing and returning this form, one per school year, will be appreciated.	
Name of Student: _____	
Student's SSN: _____	Student's Date of Birth: _____
Name of Father: _____	Father's SSN: _____
Name of Mother: _____	Mother's SSN: _____

From: _____ (Name of School) _____ (Address/P.O. Box)
 _____ (City, State, Zip Code) _____ (Telephone Number)

This is to certify that _____ is/will be attending school from ____/____/____ and is expected to remain in school until the end of this year/term on or about ____/____/____.

I certify that according to this institution's records, the information given above is true and correct.



 (Print Name of School Official)

 (Signature of School Official)

 (Title)

 (Date)