

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

Home School Certification for Galesburg Promise

Please complete the information below to certify your Home School attendance.

Student's Name _____ Student ID _____

Graduation Date _____ Graduation School District _____

Please identify for each grade level below where the student's education was provided:

Grade	For Each Year Identify Home School or School District	City of Residence (if Home Schooled)
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

I, _____, (Home school provider) certify that I have provided home school instruction for the years identified above using approved home school curriculum and materials. This education was provided in the City of Galesburg city limits.

I certify the information provided above is true and complete.

Signature of Home School Provider _____ Date _____

Attach the following:

1. Copy of High School Transcript showing graduation date and signature of provider.
2. Copies of federal or state tax returns or document from City Assessors office showing parcel address and ownership/occupancy years in the City of Galesburg for the years above.

Additional information may be requested following review of this information.