

HCP VERIFICATION

CAMPUS NAME York Junior High School

CAMPUS ID 170-902-049

STUDENT NAME _____

STUDENT ID# (Local) _____

DATE OF HCP _____

Attach doctor verification and the iPad or Raptor report showing the time that student was checked in or out.

Student must still be at school the same day of the doctor visit in order to code as HCP.

For office use only

Date/Time of Arrival: _____

Date/Time of Departure: _____