



VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

SCHOOL ATTENDANCE REPORT

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to report to VA any change in the child's status, such as termination of school attendance or marriage. Want to apply electronically? You can apply online at <https://www.va.gov/view-change-dependents/view/>. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN/CLAIMANT'S NAME (First, Middle Initial, Last)

2. VA FILE NUMBER (If applicable)

3. E-MAIL ADDRESS (Optional)

SECTION II: STUDENT'S IDENTIFICATION INFORMATION

NOTE: If you would like to submit an additional student's information, use a separate form (VA Form 21-674b) for each student.

4. STUDENT'S NAME (First, Middle Initial, Last) (**NOTE:** Veteran's child attending school)

5. SOCIAL SECURITY NUMBER

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6A. HAS STUDENT MARRIED?

YES (If "Yes," complete Item 6B) NO

6B. DATE OF MARRIAGE (MM/DD/YYYY)

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SECTION III: VERIFICATION OF SCHOOL ATTENDANCE
 (To be completed by CLAIMANT)

INSTRUCTIONS: Benefits have been awarded because the student named in Item 4 expects to start a course of training. Provide verification if the student started the course of training or needs to terminate benefits due to another reason or if in receipt of; VA Dependents' Educational Assistance (DEA), the Federal Employee's Compensation Act, or any other agency or program (i.e. U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) of the United States government. Mail this form to one of the addresses provided on page 2, within **60 days** after the date the student begins the course. If the form is not returned, benefits paid based on school attendance will be discontinued.

7A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (MM/DD/YYYY)

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7B. DID STUDENT START THE COURSE OF TRAINING?

YES (If "Yes," complete Item 7C) NO (If "No," enter reason in Section VII: Remarks)

7C. DATE STUDENT STARTED COURSE OF TRAINING (MM/DD/YYYY)

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8A. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID UNDER DEA, THE FEDERAL EMPLOYEE'S COMPENSATION ACT, OR ANY OTHER FEDERAL AGENCY OR PROGRAM OF THE UNITED STATES GOVERNMENT?

YES (If "Yes," complete Items 8B and 8C) NO

8B. TYPE OF BENEFIT (i.e. GI Bill, Fry Scholarship, etc.)

8C. DATE PAYMENTS BEGAN (MM/DD/YYYY)

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SECTION IV: CERTIFICATION AND SIGNATURE OF STUDENT

SECTION IV: CERTIFICATION AND SIGNATURE OF CLAIMANT

NOTE: This part will be completed by the student only if they have attained majority and is claiming benefits on their own behalf. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and enter their relationship to the student.

I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the education or training shown above.

NOTE: The form will be signed by the student only if they have reached the age of majority and are receiving benefits on their own behalf. The age of majority is determined by State law; it is age 18 in most States. Otherwise, the parent, guardian, or custodian will sign, date and enter their relationship to the student and telephone number in Items 9A and 9D.

9A. VETERAN/CLAIMANT/STUDENT SIGNATURE (**REQUIRED**)

9B. DATE SIGNED (MM/DD/YYYY)

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9C. RELATIONSHIP TO STUDENT

9D. TELEPHONE NUMBER (Include Area Code)

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Enter International Phone Number (If applicable)

