



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, you can contact us online through Ask VA: <https://ask.va.gov/>, Or call us toll-free at 800-827-1000 (TTY: 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)

**SECTION V: VERIFICATION OF TERMINATION OF SCHOOL ATTENDANCE
(To be completed by SCHOOL)**

INSTRUCTIONS: Information has been received that the student named in Item 4 discontinued their course of training at your school. Please complete Items 10 through 12, and Section VII, Remarks, if additional space is needed.

10A. DATE SCHOOL ATTENDANCE TERMINATED (MM/DD/YYYY) - -	10B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH COURSE? <input type="checkbox"/> YES (If "Yes," complete Item 11A) <input type="checkbox"/> NO (If "No," complete Item 11B)
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11A. BEGINNING DATE OF THE NEXT REGULAR TERM FOLLOWING THE DATE STUDENT DISCONTINUED SCHOOL (MM/DD/YYYY) - -	11B. OFFICIAL ENDING DATE OF REGULAR TERM (MM/DD/YYYY) - -
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12. REASON FOR TERMINATION OF SCHOOL ATTENDANCE (If additional space is needed, use Section VII: Remarks)

SECTION VI: CERTIFICATION AND SIGNATURE OF SCHOOL OFFICIAL

I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF SCHOOL OFFICIAL (REQUIRED)	13B. DATE SIGNED (MM/DD/YYYY) - -	13C. TITLE OF SCHOOL OFFICIAL
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**SECTION VII: REMARKS
(This section can be used by either the claimant or the school)**

14. REMARKS (If any)

Where to Send Your Correspondence - After completing this form, please use the related mailing address:

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365

PENALTY: The law provides severe penalties (including fine and/or imprisonment) for willfully submitting statement or evidence of a material fact, you know to be false, or for fraudulent receipt of any document you are not entitled to.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0049, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0049 in any correspondence. Do not send your completed VA Form 21-674b to this email address.