

1. ADDRESS OF VA OFFICE	Department of Veterans Affairs REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE
-------------------------	---

IMPORTANT - This form should be completed in duplicate and signed in Part III. Return the original (VA File Copy 1) to the VA Office shown in Item 1. The copy will be retained by the claimant. SEE INSTRUCTIONS ON REVERSE OF COPY 1.

PART I - TO BE COMPLETED BY CLAIMANT (Also sign certification in Part III)

2. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or Print)		3. VA FILE NUMBER C/CSS	
4A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school) (Type or print)		4B. STUDENT'S SOCIAL SECURITY NUMBER	
5A. DATE OF BIRTH	5B. HAS STUDENT EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Item 5C)	5C. DATE OF MARRIAGE	
6. ADDRESS OF STUDENT (Number and Street or Rural Route, City or P.O., State and Zip Code)		7. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY FEDERAL EMPLOYEE'S COMPENSATION OR ANY OTHER AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", explain in Item 14, REMARKS)	
8A. NAME AND ADDRESS OF SCHOOL FOR WHICH APPROVAL IS REQUESTED		8B. NAME OR TYPE OF COURSE OF EDUCATION OR TRAINING	
9A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (Month, day, year)	9B. DATE STUDENT STARTED OR EXPECTS TO START COURSE (Month, day, year)	9C. EXPECTED DATE OF GRADUATION (Month, day, year)	
10A. IS STUDENT ENROLLED IN A FULL-TIME HIGH SCHOOL OR COLLEGE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", complete Items 10B, 10C and 10D)	10B. SUBJECT FOR WHICH STUDENT IS ENROLLED (If other than full-time high school or college course)	10C. NUMBER OF SESSIONS PER WEEK	10D. HOURS PER WEEK
11A. WAS STUDENT ATTENDING ANY SCHOOL AT END OF LAST SCHOOL TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 11B thru 11F)		11B. NAME AND ADDRESS OF SCHOOL ATTENDED LAST TERM	
11C. NO. OF SESSIONS PER WEEK	11D. HOURS PER WEEK	11E. BEGINNING DATE OF LAST TERM	11F. ENDING DATE OF LAST TERM

PART II - STUDENT'S INCOME AND NET WORTH (See instructions on reverse for when required)

12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)	C. EXPECTED (Report for year following that shown in Column B)	A. SAVINGS (Including cash)	\$
EARNINGS FROM ALL EMPLOYMENT			B. SECURITIES, BONDS, ETC.	
ANNUAL SOCIAL SECURITY			C. REAL ESTATE (Not your home)	
OTHER ANNUITIES			D. ALL OTHER ASSETS	
ALL OTHER INCOME (Interest, dividends, etc.)			E. TOTAL OF ABOVE	\$
			F. LESS DEBTS	-
			G. NET WORTH (Line E Minus F)	\$

14. REMARKS

PART III - CERTIFICATION AND AGREEMENT TO BE SIGNED BY CLAIMANT

NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her 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 course of education or training shown above.

I AGREE to notify the Department of Veterans Affairs immediately of any changes in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that any benefits allowed by reason of this request will be discontinued upon the occurrence of any of these conditions, or by the death of the student.

15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code)	15C. EVENING PHONE NO. (Include Area Code)	16. RELATIONSHIP TO STUDENT	17. DATE
----------------	---	---	-----------------------------	----------

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

INSTRUCTIONS

IMPORTANT - READ CAREFULLY BEFORE COMPLETING THIS FORM

The form should be completed by the person receiving or claiming benefits for a veteran's child over age 18 attending school, or by the child if he or she has reached the age of majority and is or will be entitled to received direct payment.

PART I - Complete each item. Give definite information regarding attendance for the previous term if enrolled as well as for the current term.

Item 7 is not to be answered "Yes" simply because Social Security has been awarded based upon the claimant's continuing school attendance. A "Yes" answer to Item 7 is to be made only if Federal Employee's Compensation or other Federal Agency (U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) is paying the claimant's tuition.

PART II

SECTION 306 OR OLD LAW PENSION: Complete this part ONLY if the VA benefit payable will be death pension and there is no surviving spouse entitled to death pension. If "Custodian" or "Guardian" is making this statement, report the income of your ward. If the child is a dependent under a veteran's or surviving spouse's award, this section need not be completed.

IMPROVED PENSION: Complete this part showing the child's income.

When required, the TOTAL amount of ALL income received by the student should be reported in the spaces provided on the form (or attach a separate sheet if additional space is needed).

Each income block must be completed. If no income is received from a specific source, place "None" in the appropriate block.

EDUCATIONAL OR VOCATIONAL REHABILITATION EXPENSES: These are amounts paid by a child for courses of education, including tuition, fees, and materials that may be deducted from the earned income of a child, if the child is pursuing a course of post-secondary education or vocational rehabilitation or training. If any of these expenses are paid by the child, report the total amount(s) paid and dates of payments in the "Remarks" item of Part II.

PART III - This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her relationship to the student.

Submit the completed form (Copy 1) to the VA office where your records are located. Copy 2 (claimant's copy) is to be retained for your records.

PRIVACY ACT INFORMATION - No allowance of benefits for a veteran's child over age 18 and attending school may be granted unless the information requested is furnished as required by existing law (38 U.S.C. 104(a)). The VA may disclose the information that you provide outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA. The information requested is considered relevant and necessary to determine maximum benefits provided under the law. The information submitted may be disclosed outside the Department of Veterans Affairs only as permitted by law. Information submitted is subject to certification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

1. ADDRESS OF VA OFFICE	Department of Veterans Affairs REQUEST FOR APPROVAL OF SCHOOL ATTENDANCE
-------------------------	---

IMPORTANT - This form should be completed in duplicate and signed in Part III. Return the original (VA File Copy 1) to the VA Office shown in Item 1. The copy will be retained by the claimant. SEE INSTRUCTIONS ON REVERSE OF COPY 1.

PART I - TO BE COMPLETED BY CLAIMANT (Also sign certification in Part III)

2. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN (Type or Print)		3. VA FILE NUMBER C/CSS	
4A. FIRST NAME-MIDDLE INITIAL-LAST NAME OF STUDENT (Veteran's child attending school) (Type or print)		4B. STUDENT'S SOCIAL SECURITY NUMBER	
5A. DATE OF BIRTH	5B. HAS STUDENT EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Item 5C)	5C. DATE OF MARRIAGE	
6. ADDRESS OF STUDENT (Number and Street or Rural Route, City or P.O., State and Zip Code)		7. IS TUITION AND/OR ALLOWANCE FOR STUDENT'S EDUCATION OR TRAINING BEING PAID BY FEDERAL EMPLOYEE'S COMPENSATION OR ANY OTHER AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", explain in Item 14, REMARKS)	
8A. NAME AND ADDRESS OF SCHOOL FOR WHICH APPROVAL IS REQUESTED		8B. NAME OR TYPE OF COURSE OF EDUCATION OR TRAINING	
9A. OFFICIAL BEGINNING DATE OF REGULAR TERM OR COURSE (Month, day, year)	9B. DATE STUDENT STARTED OR EXPECTS TO START COURSE (Month, day, year)	9C. EXPECTED DATE OF GRADUATION (Month, day, year)	
10A. IS STUDENT ENROLLED IN A FULL-TIME HIGH SCHOOL OR COLLEGE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", complete Items 10B, 10C and 10D)	10B. SUBJECT FOR WHICH STUDENT IS ENROLLED (If other than full-time high school or college course)	10C. NUMBER OF SESSIONS PER WEEK	10D. HOURS PER WEEK
11A. WAS STUDENT ATTENDING ANY SCHOOL AT END OF LAST SCHOOL TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 11B thru 11F)		11B. NAME AND ADDRESS OF SCHOOL ATTENDED LAST TERM	
11C. NO. OF SESSIONS PER WEEK	11D. HOURS PER WEEK	11E. BEGINNING DATE OF LAST TERM	11F. ENDING DATE OF LAST TERM

PART II - STUDENT'S INCOME AND NET WORTH (See instructions on reverse for when required)

12. REPORT OF INCOME BY CALENDAR YEAR (IMPORTANT - Do NOT report VA benefits)			13. VALUE OF ESTATE	
A. SOURCE	B. RECEIVED (REPORT FOR YEAR IN WHICH SCHOOL TERM BEGINS-SEE ITEM 9 ABOVE)	C. EXPECTED (Report for year following that shown in Column B)	A. SAVINGS (Including cash)	\$
EARNINGS FROM ALL EMPLOYMENT			B. SECURITIES, BONDS, ETC.	
ANNUAL SOCIAL SECURITY			C. REAL ESTATE (Not your home)	
OTHER ANNUITIES			D. ALL OTHER ASSETS	
ALL OTHER INCOME (Interest, dividends, etc.)			E. TOTAL OF ABOVE	\$
			F. LESS DEBTS	-
			G. NET WORTH (Line E Minus F)	\$

14. REMARKS

PART III - CERTIFICATION AND AGREEMENT TO BE SIGNED BY CLAIMANT

NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the veteran, surviving spouse, guardian or custodian will sign and also enter his or her 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 course of education or training shown above.
I AGREE to notify the Department of Veterans Affairs immediately of any changes in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that any benefits allowed by reason of this request will be discontinued upon the occurrence of any of these conditions, or by the death of the student.

15A. SIGNATURE	15B. DAYTIME PHONE NO. (Include Area Code)	15C. EVENING PHONE NO. (Include Area Code)	16. RELATIONSHIP TO STUDENT	17. DATE
----------------	--	--	-----------------------------	----------

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.