|  |
| --- |
| Insert  Full Name of School  Address  Phone Number  or Use School Letterhead If Possible |

Date:

Dear Parent/Guardian,

This letter serves as verification that the student(s) listed below participated in virtual learning during the 2020-2021 school year for the purposes of the Pandemic Electronic Benefits Transfer (P-EBT) program. [ENTER FULL NAME OF SCHOOL] verifies that the student(s) listed below **learned 100% virtually** during the dates indicated. Please provide this letter to the P-EBT Support Team so that they can provide adjusted benefits if your child is eligible.

**Verification of Virtual Learning for the following Student(s):**

|  |  |  |
| --- | --- | --- |
| Student Full Name | Student Date of Birth | Student Grade Level |
|  |  |  |
| All Virtual Start Date | All Virtual End Date | |
|  |  | |

Respectfully,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Principal or Other School Administrator |  | Date Signed |
| Email Address | | |
|  | | |