



Sibling Enrollment Verification

Section A:

_____ Student ID#: _____
Roanoke College Student

You have indicated that a sibling is enrolled in either a private elementary or high school for the 2024/2025 academic year. Therefore, completion of this form (along with a completed Special Circumstances Appeal Form) along with verification, is required before any changes can be made.

Section B: TO BE COMPLETED BY PARENT

Sibling's Name: _____ Social Security No.: _____

I hereby authorize _____ to release my son/daughter's
(school sibling is attending)
enrollment information to Roanoke College.

Parent Signature: _____ Date: _____

Section C: TO BE COMPLETED BY THE SCHOOL SIBLING IS ATTENDING

The Roanoke College student referenced above in section A has indicated that he/she has a sibling referenced in section B, who will be attending your private institution during the 2024/2025 school year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification.

1. The student in Section B is presently taking _____ classes.
2. They are classified as a: _____ day student _____ boarding student
3. Costs for the 2024/2025 Academic Year:

2024/2025 Tuition Cost _____
2024/2025 Room and Board _____
2024/2025 Total Fees _____

4. Financial Aid Information:

Does the student receive financial aid? () Yes () No

If yes, please indicate sources and amounts of financial aid below:

Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____

School Official's Signature _____ Title _____ Date _____

Please return form to: Roanoke College
Financial Aid Office
221 College Lane
Salem, VA 24153
FAX: 540 375-2267