



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 2023/2024 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.

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**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: \_\_\_\_\_

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**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 2023/2024 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 2023/2024 Academic Year:

2023/2024 Tuition Cost \_\_\_\_\_  
2023/2024 Room and Board \_\_\_\_\_  
2023/2024 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