

Alvin Independent School District
Pregnancy Education and Parenting Program
Notice of Delivery

Mother's Name _____ School ID# _____

Infant's Name _____ School _____

Please accept this document as formal notification of my child's birth. My child was born on

at

Date

Name of Hospital

My attending physician was

Name of Physician

I certify that all the information provided above is true. I understand that falsifying information requested in this document shall forfeit my right to services.

Student/Parent Signature

Date