



Holland Public School District  
320 W 24th Street  
Holland, MI 49423

## P-EBT Proof Document

**Student's Name:**

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**School:**

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**Grade:**

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**The month of Reconsideration:**

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**This student has been a full-time Virtual Learner. Dates of Virtual Learning:**

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**Name of School Employee:**

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**Title:**

**Phone:**

**Email:**

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