

SCHOOL READINESS PROGRAM
SCHOOL VERIFICATION FORM



SECTION I – TO BE COMPLETED BY CLIENT (Student)

In order to provide child care while client is attending school, we must verify school attendance of the client named below. Please assist by completing and returning this form to the Early Learning Coalition of Hillsborough County School Readiness Program by _____

Client's Name: _____ **SS/ID#** _____

I hereby give permission for my school to release the following information to the ELCHC School Readiness Program.

Client's Signature

Date

SECTION II – TO BE COMPLETED BY SCHOOL RECORDS OFFICIAL

1. **Student's Name:** _____ **ID#** _____

2. **Student's Address:** _____
(include apt #, city, state, zip code)

3. Days of Attendance	From (Time)	To (Time)
Monday	____:____	____:____
Tuesday	____:____	____:____
Wednesday	____:____	____:____
Thursday	____:____	____:____
Friday	____:____	____:____
Saturday	____:____	____:____
Sunday	____:____	____:____

Course Semester Begins: _____ **Course Semester Ends:** _____

Number of credit hours student is currently enrolled: _____

Work Study: Yes No

4. **Name of School:** _____

Address of School: _____
(include apt #, city, state, zip code)

Telephone: _____

5. **Name of Records Official:** _____

Title of Records Official: _____

Signature of Records Official

Phone Number of Records Official

Date

Official Seal:

RL/TW – SR School Verification Form 092315