

SECTION I (To be completed by SR Student Client)

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 _____

Parent/Guardian Name: _____ **Social Security #/ID:** _____

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

Signature of Parent/Guardian Date

SECTION II (To be completed by School Records Official)

1. Student's Name: _____ **Social Security #/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 and Title of Records Official: _____

Signature of Records Official Phone Number Date

Official Seal: