EDUCATION SCHEDULE VERIFICATION

	Student Name: ELRC Record Number: THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY									
Name of the School District:										
Name of the s	school s	tudent is attending: _								
Grade in school:				First day of enrollment:						
First day of enrollment for the current year:				Last day of enrollment for the current year:						
Attending school: Part-time			☐ Full-time] Full-time						
Anticipated co	mpletic	on/graduation date:				-				
Type of program:		☐ Elementary ☐ Middle Se		chool High School		ol GED	GED Program			
		_		dule of Clas						
				ent, complete we s, complete all fou	•	/.				
WEEK ONE	≣:	Date :		WEEK TWO	D:	Date :				
Monday	from	AM / PM to	AM / PM	Monday	from	AM / PM to	AM / PM			
Tuesday	from	AM / PM to	AM / PM	Tuesday	from	AM / PM to	AM / PM			
Wednesday	from	AM / PM to	AM / PM	Wednesday	from	AM / PM to	AM / PM			
Thursday	from	AM / PM to	AM / PM	Thursday	from	AM / PM to	AM / PM			
Friday	from	AM / PM to	AM / PM	Friday	from	AM / PM to	AM / PM			
Saturday	from	AM / PM to	AM / PM	Saturday	from	AM / PM to	AM / PM			
Sunday	from	AM / PM to	AM / PM	Sunday	from	AM / PM to	AM / PM			
WEEK THE	DEE.			WEEK FOL	ID.					
WEEKIRK	WEEK THREE: Date :			WEEK FOL	JK:	Date :				
Monday	from	AM / PM to	AM / PM	Monday	from	AM / PM to	AM / PM			
Tuesday	from	AM / PM to	AM / PM	Tuesday	from	AM / PM to	AM / PM			
Wednesday	from	AM / PM to	AM / PM	Wednesday	from	AM / PM to	AM / PM			
Thursday	from	AM / PM to	AM / PM	Thursday	from	AM / PM to	AM / PM			
Friday	from	AM / PM to	AM / PM	Friday	from	AM / PM to	AM / PM			
Saturday	from	AM / PM to	AM / PM	Saturday	from	AM / PM to	AM / PM			
Sunday	from	AM / PM to	AM / PM	Sunday	from	AM / PM to	AM / PM			
Student's address on file at school:						SCHOOL SEAL OR	STAMP			
Address:										
City:	City:									
State:			Zin aada:							

SUBSIDIZED CHILD CARE EDUCATION VERIFICATION

Dear Education Administrator:

One of your students has requested assistance with child care costs to continue his/her education. We must verify the student's enrollment and schedule in your educational program. This information will help us determine your student's eligibility for subsidized child care.

We must have an accurate record of your student's schedule. This form has been provided for this purpose. When completed by you, this form will satisfy our need for this information per regulations. It is very important that the hours shown are specific and defined as either AM or PM (e.g. 7:30 AM - 3:30 PM).

Thank you for your time and assistance. If you have any questions about the program or regarding how to complete the Education Verification form, please contact the Early Learning Resource Center below.

	EARLY LEARNING F	RESOURCE CENTER:				
Aı	n authorized schoo	ol representative (no	t the student) MUST complete			
			cation Verification form.			
			epresentative and attest that			
th	ne information on t	this form is true and	correct.			
	Name of School		Authorized Signature	Authorized Signature		
	Address of School		Print Name			
Telephone Numbe	er	Date	Your Title			
For the Student:						
			rly Learning Resource Center all i			
contained in this form	to verify and a	ssess my eligibil	lity for the Subsidized Child Care	Program.		
	Signature of Student		Date			
	Print your Name					