## **EDUCATION SCHEDULE VERIFICATION**

Student Name	tudent Name: ELRC Record Number:						
THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY							
Name of the S	School I	District:					
Name of the s	obool o	tudent is attending:					
name of the s	scriooi s	student is attending:					
Grade in school:				First day of enrollment:			
First day of er	nrollmer	nt for the current vear:		Last day of enrollment for the current year:			
			_				
Attending school:		☐ Part-time	☐ Full-time				
Anticipated co	mpletic	on/graduation date:				_	
							) Dua
Type of progra	am:	L Elementary	Elementary Middle School		High School		
		Cu	rrent Sche	dule of Clas	ses:		
		If class sc	hedule is consis	tent, complete we	ek one only	/.	
		If class	s schedule varies	s, complete all fou	ır weeks.		
WEEK ONE	≣:	Date :		WEEK TWO	D:	Date :	
Monday	from	AM / PM to		Monday	from	AM / PM to	
Tuesday		AM / PM to		Tuesday		AM / PM to	
Wednesday		AM / PM to		Wednesday		AM / PM to	
Thursday		AM / PM to		Thursday		AM / PM to	
Friday		AM / PM to		Friday		AM / PM to	
Saturday		AM / PM to		Saturday		AM / PM to	
Sunday		AM / PM to		Sunday		AM / PM to	
				-			
WEEK THREE: Date :				WEEK FOUR:		Date :	
Monday	from	AM / PM to	AM / PM	Monday	from	AM / PM to	AM / PM
Tuesday		AM / PM to		Tuesday		AM / PM to	
Wednesday		AM / PM to		Wednesday		AM / PM to	
Thursday		AM / PM to		Thursday		AM / PM to	
Friday		AM / PM to		Friday		AM / PM to	
Saturday		AM / PM to		Saturday		AM / PM to	
Sunday		AM / PM to		Sunday		AM / PM to	
Student's address on file at school:						SCHOOL SEAL OR	STAMP
Address:							
Addiess							
City:							
State: Zin code:							

## 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 L	EARNING RESOURCE CENTER:			
	ed school representative (not the the thing the front and back of this Educat			
	rify that I am an authorized repretion on this form is true and co			
Name of S	chool	Authorized Signature		
Address of	School	Print Name		
Telephone Number	Date	Your Title		
or the Student:				
	the disclosure to the Early	Learning Resource Center all information		
		for the Subsidized Child Care Program.		
Signature of S	tudent	Date		
Print your N				
PIIIL VOULN	anic			