

School/Training Verification Form

Parents/Guardians:

If your purpose for care is attending school, have the school/training records office complete Section II of this form and return it to:

Early Learning Coalition of Manatee County
 Attn: Family Services Dept
 600 Eighth Avenue West, Suite 100, Palmetto, FL 34221
 Phone: (941) 757-2900 Fax: (941) 757-2916

SECTION I – TO BE COMPLETED BY PARENT/GUARDIAN (STUDENT)

In order to determine eligibility for child care scholarship, we must verify school attendance on the below listed client. Please complete and return this form to the Family Services Department of the Early Learning Coalition as soon as possible.

 Parent/Guardian Name

 Social Security Number

I give permission for my school to release the following information to Early Learning Coalition of Manatee County, Inc.

 Parent/Guardian Signature

 Date

SECTION II – TO BE COMPLETED BY RECORDS OFFICIAL

1. Student Name: _____ ID#: _____

2. Student Address: _____

3. Days of Attendance: MON From ____ To ____ SAT From ____ To ____
 TUE From ____ To ____ SUN From ____ To ____
 WED From ____ To ____
 THU From ____ To ____ Course Semester Begins: ____/____/____
 FRI From ____ To ____ Course Semester Ends: ____/____/____

Number of Credit/Clock Hours Student is Currently Enrolled: _____

4. Major or Occupational Goal: _____

5. Name of School: _____

Address of School: _____

6. Name of Records Official: _____

Title of Records Official: _____

 Signature of Records Official

 Date

 Official Seal

 Phone Number of Records Official