

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 Palm Beach County
Attn: Family Services Dept
2300 High Ridge Road Suite 115, Boynton Beach, FL 34226
Phone: (561) 214-8000 Fax: (561) 214-7450

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 Palm Beach 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 Hours Student is Currently Enrolled: _____

Was the past course semester completed successfully? Yes No

If no, please explain: _____

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

