



## SCHOOL ENROLLMENT VERIFICATION FORM For Parents in Vocational Training/GED

### ATTN: School Administrative Office:

The Workforce Solutions Borderplex Child Care Services (CCS) program is assisting this household with child care services to attend school or training. Borderplex Workforce Development Board policy requires a single parent household to participate in work, training, education and/or a combination for a minimum of twenty-five (25) hours per week and a two parent household for a minimum of fifty (50) hours per week in order to continue child care services through our agency. Please assist the parent in providing proof of attendance and enrollment by completing the information below.

Student: \_\_\_\_\_

Is student currently enrolled? ☐ Yes ☐ No

Date of Enrollment: \_\_\_\_\_ Expected date of completion/graduation: \_\_\_\_\_

Course of study: \_\_\_\_\_

Days and time classes scheduled: \_\_\_\_\_

Has student attended school regularly, meeting school attendance requirements and completing class objective for advancement to the next level? ☐ Yes ☐ No

Has student withdrawn from school/training? ☐ Yes ☐ No

School: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### **AUTHORIZATION TO FURNISH INFORMATION:**

I \_\_\_\_\_, give permission to the school entity listed above to release information to the Workforce Solutions Borderplex Child Care Services to contact a third party to verify employment, income, family size, SSN, or to use the Social Security Numbers for any household members to verify information I have provided about my family.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Please affix your school seal: