



# SCHOOL ENROLLMENT VERIFICATION FORM

For participants in Vocational Training / GED

Date: 8/12/2020

CASE ID:

**ATTN: School Attendance 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 enrollment by completing the information below.

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

Is student currently enrolled? ☐ Yes ☐ No

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

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

Has student withdrawn from school / training: ☐ Yes ☐ No

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

Has students attended school regularly, meeting school attendance requirements and completing class Objectives for advancement to the next level? ☐ 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 below