

EDUCATION SCHEDULE VERIFICATION

Student Name: _____ ELRC Record Number: _____

THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY

Name of the School District: _____

Name of the school student is attending: _____

Grade in school: _____ First day of enrollment: _____

First day of enrollment for the current year: _____ Last day of enrollment for the current year: _____

Attending school: Part-time Full-time

Anticipated completion/graduation date: _____

Type of program: Elementary Middle School High School GED Program

Current Schedule of Classes:

If class schedule is consistent, complete week one only.
If class schedule varies, complete all four weeks.

WEEK ONE: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK TWO: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK THREE: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

WEEK FOUR: Date : _____

Monday from _____ AM / PM to _____ AM / PM
Tuesday from _____ AM / PM to _____ AM / PM
Wednesday from _____ AM / PM to _____ AM / PM
Thursday from _____ AM / PM to _____ AM / PM
Friday from _____ AM / PM to _____ AM / PM
Saturday from _____ AM / PM to _____ AM / PM
Sunday from _____ AM / PM to _____ AM / PM

Student's address on file at school:

Address: _____

City: _____

State: _____ Zip code: _____

SCHOOL SEAL OR STAMP

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 LEARNING RESOURCE CENTER:

Early Learning Resource Center Region 17
PO Box 311
1430 DeKalb Street
Norristown, PA 19404-0311
(610) 278-3707 or (800) 281-1116
Fax (610) 278-5161

An **authorized school representative** (not the student) **MUST** complete the areas on the front and back of this Education Verification form.

I hereby verify that I am an authorized representative and attest that the information on this form is true and correct.

Name of School

Authorized Signature

Address of School

Print Name

Telephone Number

Date

Your Title

For the Student:

I hereby authorize and request the disclosure to the Early Learning Resource Center all information contained in this form to verify and assess my eligibility for the Subsidized Child Care Program.

Signature of Student

Date

Print your Name