



School Attendance Verification

To be Completed by: School Records Official

To provide child care financial assistance while the client is attending school, we must verify the school attendance of the client named below.

Student's Name: _____

Name of School: _____

School Address: _____

Is the Student Currently Attending School? Yes No

If Yes, Start Date: _____

If No, Last Day of Attendance: _____ OR Date Student Withdrew: _____

Course Semester Begins: _____ Course Semester Ends: _____

Number of Credit Hours Currently Enrolled: _____

I certify that the parent/guardian listed above is attending school as required. I understand that providing false information on this verification is prohibited by law, and I attest that the information provided here is true and accurate to the best of my knowledge.

Name of Records Official: _____ Title: _____

Signature of Records Official

Date

Official Seal