



Education (School/Training) Verification Form

SECTION I- TO BE COMPLETED BY PARENT/GUARDIAN (STUDENT)

PARENT/GUARDIAN NAME: _____ SSN#: (optional) _____

I give permission for my school to release the following information to the Early Learning Coalition of Pasco & Hernando Counties.

Parent/Guardian Signature Date

In order to determine the eligibility for School Readiness (child care) services, we must verify school enrollment in an accredited education institution for the above named individual. Section II below must be completed by a school records official.

SECTION II- TO BE COMPLETED BY SCHOOL RECORDS OFFICIAL

1. Student's Name _____ ID# _____

2. Student's Address _____

3. Type of program in which the student is currently enrolled (check one):

- GED program Secondary education program Technical or Vocational program Associate of Arts/Science Bachelor of Arts/Science

4. Days of Attendance: **MON** From _____ To _____ **SAT** From _____ To _____

TUE From _____ To _____ **SUN** From _____ To _____

WED From _____ To _____

THU From _____ To _____

FRI From _____ To _____

Course Semester Begins: _____ / _____ / _____

Course Semester Ends: _____ / _____ / _____

5. **IN-PERSON COURSES:** Number of Hours Student is Currently Enrolled: _____ Clock Hours _____ Credit Hours

6. **ONLINE COURSES:** Number of Hours Student is Currently Enrolled: _____ Clock Hours _____ Credit Hours

7. Estimated **weekly** number of hours of direct education activities, including class, lab, and study time, as well as any other related activities for the current course load: _____

8. Name of School: _____

Address of School: _____

9. Name of Records Official: _____

Title of Records Official: _____

Signature of Records Official

Date

Phone Number of Records Official

Official Seal (As Applicable)