



Please return to: Early Learning Coalition of Pasco & Hernando Counties

Caseworker: \_\_\_\_\_ Ext. \_\_\_\_\_

## School/Training Verification Form

**Parents/Guardians: Only applicable, if Parent(s)/Guardian(s) are attending or going to attend school during the redetermination period.**

In order to determine the eligibility for subsidized child care, we must verify school attendance on the below listed client. Please assist us by having the school/training records office complete Section II and returning this form to the above listed Coalition office as soon as possible.

### 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

### SECTION II- TO BE COMPLETED BY SCHOOL RECORDS OFFICIAL

1. Student's Name \_\_\_\_\_ ID# \_\_\_\_\_

2. Student's Address \_\_\_\_\_

3. Days of Attendance: **Mon.** From \_\_\_\_\_ To \_\_\_\_\_, **Tues.** From \_\_\_\_\_ To \_\_\_\_\_, **Wed.** From \_\_\_\_\_ To \_\_\_\_\_,

**Thurs.** From \_\_\_\_\_ To \_\_\_\_\_, **Fri.** From \_\_\_\_\_ To \_\_\_\_\_, **Sat.** From \_\_\_\_\_ To \_\_\_\_\_, **Sun.** From \_\_\_\_\_ To \_\_\_\_\_,

Course Semester Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Semester Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Hours Student is Currently Enrolled: \_\_\_\_\_ Clock Hours \_\_\_\_\_ Credit Hours

Number of Hours completed last grading period: \_\_\_\_\_ Clock Hours \_\_\_\_\_ Credit Hours

Is this enrollment considered FT / PT / LTPT according to your institution? (Please Circle one).

The documented course load, if less than FT will involve \_\_\_\_\_ hours of direct education activities, including class, lab, and study time, as well as any other related activities.

Did student obtain passing grade?  Yes  No If no, please explain \_\_\_\_\_

#### Module Courses Only:

Training Duration (months): \_\_\_\_\_ Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected to Graduate on: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Major or Occupational Goal: \_\_\_\_\_

5. Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

6. Name of Records Official: \_\_\_\_\_

Title of Records Official: \_\_\_\_\_

\_\_\_\_\_  
Signature of Records Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Seal (As Applicable)

\_\_\_\_\_  
Phone Number of Records Official