



10601 Belcher Road, South  
Largo, FL 33777 Family Services Phone: (727) 547-5700 Fax: (727) 547-2971  
Email: [family\\_services@childcarepinellas.org](mailto:family_services@childcarepinellas.org) Web Page: [www.childcarepinellas.org](http://www.childcarepinellas.org)

## 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 eligibility for child care scholarship, 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 nearest Coordinated Child Care of Pinellas, Inc., Family Services Department 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 Coordinated Child Care of Pinellas, Inc.**

\_\_\_\_\_  
Parent / Guardian Signature Date

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**SECTION II – TO BE COMPLETED BY RECORDS OFFICAL**

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  
Did student obtain a 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

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