



6500 102 Avenue North, Pinellas Park, FL 33782
(727) 547-5700 ChildCarePinellas.org

The Source for Quality Child Care and Family Support Services

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

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

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 (As Applicable)

Phone Number of Records Official