



CHILDCARE VERIFICATION FORM

THIS FORM MUST BE SIGNED BY THE CHILD CARE PROVIDER

STUDENT INFORMATION

Student's First/Last Name _____

Student's Address _____

City/State _____

Zip _____

CHILDCARE PROVIDER INFORMATION

Childcare Provider or Agency Name: _____

If the childcare provider is an agency, please print the director's name: _____

Address _____

City/State _____

Zip _____

Phone _____

I/we provide childcare supervision for the student listed above on the following days/times

(Check all that apply)

Before school	
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

After school	
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

I hereby certify that the information detailed above is true and accurate.

Signature of individual or director of agency providing supervision

Date

Guilford County Schools
Student Assignment Office
120 Franklin Blvd.
Greensboro, NC 27401
336-370-8303