



EMPLOYER VERIFICATION FORM

PARENT/LEGAL GUARDIAN – COMPLETE THIS SECTION:

(NOTE: A separate form should be completed and submitted for each parent in the home.)

Student's Name _____

Name of Parent/Legal Guardian _____

Place of Employment _____

Employer's Address _____

City/State _____ Zip

--	--	--	--	--

Supervisor's Name _____ Phone _____

Work Days _____ My work schedule varies: Yes No

Work Hours
Start work at: _____ AM PM Finish work at: _____ AM PM
(circle one) (circle one)

EMPLOYER – COMPLETE THIS SECTION:

I hereby certify that _____ is employed
(Name of Employee)

by _____, and that the information detailed
(Name of Company)
above is true and accurate.

Signature of Employer Employer Name (Please Print)

Date _____

NOTE: IF EMPLOYMENT STATUS CHANGES DURING THE SCHOOL YEAR, THE PARENT IS REQUIRED TO FORWARD THE CORRECTED INFORMATION TO:

Student Assignment Office
Guilford County Schools
120 Franklin Blvd.
Greensboro, NC 27401