

# EDUCATION SCHEDULE VERIFICATION

Student Name: \_\_\_\_\_ CCIS Record Number: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BY AN AUTHORIZED SCHOOL REPRESENTATIVE ONLY**

Name of the School District: \_\_\_\_\_

Name of the school student is attending: \_\_\_\_\_

Grade in school: \_\_\_\_\_ First day of enrollment: \_\_\_\_\_

First day of enrollment for the current year: \_\_\_\_\_ Last day of enrollment for the current year: \_\_\_\_\_

Attending school:  Part-time  Full-time

Anticipated completion/graduation date: \_\_\_\_\_

Type of program:  Elementary  Middle School  High School  GED Program

## Current Schedule of Classes:

If class schedule is consistent, complete week one only.  
If class schedule varies, complete all four weeks.

**WEEK ONE:** Date : \_\_\_\_\_

Monday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK TWO:** Date : \_\_\_\_\_

Monday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK THREE:** Date : \_\_\_\_\_

Monday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

**WEEK FOUR:** Date : \_\_\_\_\_

Monday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Tuesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Wednesday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Thursday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Friday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Saturday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
Sunday from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

### Student's address on file at school:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### SCHOOL SEAL OR STAMP

# SUBSIDIZED CHILD CARE EDUCATION VERIFICATION

Dear Education Administrator:

One of your students has requested assistance with child care costs to continue his/her education. We must verify the student's enrollment and schedule in your educational program. This information will help us determine your student's eligibility for subsidized child care.

We must have an accurate record of your student's schedule. This form has been provided for this purpose. When completed by you, this form will satisfy our need for this information per regulations. It is very important that the hours shown are specific and defined as either AM or PM (e.g. 7:30 AM - 3:30 PM).

Thank you for your time and assistance. If you have any questions about the program or regarding how to complete the Education Verification form, please contact the Child Care Information Services agency below.

**CHILD CARE INFORMATION SERVICES AGENCY:**

CCIS Bucks County/ Apple Child Care Services  
70 W. Oakland Ave.  
Suite 210  
Doylestown, PA 18901  
(215) 348-1283

An **authorized school representative** (not the student) **MUST** complete the areas on the front and back of this Education Verification form.

**I hereby verify that I am an authorized representative and attest that the information on this form is true and correct.**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Title

## For the Student:

**I hereby authorize and request the disclosure to the Child Care Information Services agency all information contained in this form to verify and assess my eligibility for the Subsidized Child Care Program.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your Name