



CHILD CARE VERIFICATION FORM

TO BE COMPLETED BY CHILD CARE PROVIDER:

Student's Name _____

Name of individual or director of agency providing supervision:

If childcare agency, please print agency name _____

Child Care Address _____

City/State _____ Zip

Phone (____) _____

I/we hereby certify that I/we provide child care supervision for:

Name of Student _____

Address _____

City/State _____ Zip

I verify that the child listed above attends my child care/home on a regular daily basis for these hours:

Before School From: _____ AM Until: _____ AM

After School From: _____ PM Until: _____ PM

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

Signature of individual or director of agency providing supervision

Date

Student Assignment Office
Rockingham County Schools
511 Harrington Highway
Eden, NC 27288

Office Use Only:

Child Care Provider

Attendance Zone: _____ Verified by: _____



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

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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
Rockingham County School
511 Harrington Highway
Eden, NC 27288