

# EDUCATION SCHEDULE VERIFICATION

Student Name: \_\_\_\_\_ ELRC 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 Early Learning Resource Center below.

**Early Learning Resource Center - Region 12**  
**Community Services for Children, Inc.**  
**Oppenheim Building**  
**409 Lackawanna Ave**  
**Scranton, PA 18503**  
**Phone: 570-468-8144 | Fax: 570-866-2996**  
[ELRC12@cscinc.org](mailto:ELRC12@cscinc.org)

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 Early Learning Resource Center 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	