



CHILD CARE VERIFICATION FORM

TO BE COMPLETED BY CHILD CARE PROVIDER:

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
Guilford County Schools
120 Franklin Blvd.
Greensboro, NC 27401

Office Use Only:

Child Care Provider

Attendance Zone: _____ Verified by: _____