



Child Care School Verification

Child's Name: _____

EHS Site: _____

To be completed by the Student

I authorize the release of student verification information to Fresno EOC Early Head Start program. This information will only be used to assist in determining my family's need for child care services.

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

Student: Please note that a current school schedule attached to the verification form will be sufficient (a signature will not be required from the school registrar if a current school schedule is attached).

To be completed by the School Registrar or Admissions Staff (Complete numbers 1-8)

1. School/College Name: _____
2. Date classes began/will begin on: _____
3. Student Status (check one): Full-Time Part-Time
4. Number on units currently registered: _____
5. Is student enrolled in a Vocational Program: Yes No (If yes, please complete * below)
 *Vocational Program Name: _____
6. School Registrar/Admissions Signature: _____
7. Date: _____ Phone: _____ Ext: _____
8. Please attach a current school schedule to this verification form.

EHS Staff Use Only

Verified by EHS FCP/ERSEA Coordinator:	Date Verified:	Verification Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Submit more documentation	Re-Submission Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Comments/Follow-Up Notes:		Plan of Action: <input type="checkbox"/> Conditional Enrollment Plan <input type="checkbox"/> Insufficient Verification <input type="checkbox"/> Home Visitation Offered	Employer Contacted: Date: