



Lowell Joint School District

VERIFICATION OF CHILD CARE AND/OR PARENT EMPLOYMENT

This form must be completed and attached to a transfer request that is based on childcare and/or parent employment. **Please complete the appropriate section(s).**

CHILD CARE VERIFICATION

Student(s) Name: _____

Name of Child Care Provider: _____ Phone: _____

Address of Child Care Provider: _____

The above student(s) will receive childcare at my home/at the licensed facility on the days and times listed below.

Days child care will be provided: _____

Beginning and ending hours child care will be provided: _____

Relationship to student(s) _____

Signature of childcare provider: _____ Date: _____

NOTE: The school reserves the right to verify childcare at various times throughout the year.

This transfer will be revoked if childcare is not being provided as described.

I declare under penalty of perjury under the laws of the State of California that all information provided is true and correct.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

EMPLOYMENT VERIFICATION

Attach letters verifying days and hours of employment on company letterhead or a photocopy of the most current paycheck stub with parent name, company name and company address.

Parents must be employed full time.

Father: _____ Work Phone# _____

Employer: _____ Work Hours: _____

Employer Address: _____

Mother: _____ Work Phone# _____

Employer: _____ Work Hours: _____

Employer Address: _____