

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 child care 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 child care 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 child care provider: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The school reserves the right to verify child care at various times throughout the year. This transfer will be revoked if child care 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 and company name. Parents must be employed full time.

Father: \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Employer Address: \_\_\_\_\_