

# School/Training Verification Form



Parents / Guardians: Please have the school/training records office complete Section II of this form and return it to  
Early Learning Coalition of Manatee County, Inc.  
Attention: Family Services Department  
3526 Ninth Street West, Suite 200, Bradenton, FL 34205

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## SECTION I – TO BE COMPLETED BY PARENT/GUARDIAN (STUDENT)

In order to determine eligibility for child care scholarship, we must verify school attendance on the below listed client. Please assist us by completing and returning this form to Early Learning Coalition of Manatee County, Inc. Family Services Department as soon as possible.

PARENT / GUARDIAN NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

**I give permission for my school to release the following information to Early Learning Coalition of Manatee County, Inc.**

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date

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## SECTION II – TO BE COMPLETED BY RECORDS OFFICIAL

1. Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

2. Student's Address: \_\_\_\_\_

3. Days of Attendance: Mon. From \_\_\_\_ To \_\_\_\_, Tues. From \_\_\_\_ To \_\_\_\_, Wed. From \_\_\_\_ To \_\_\_\_

Thurs. From \_\_\_\_ To \_\_\_\_, Fri. From \_\_\_\_ To \_\_\_\_, Sat. From \_\_\_\_ To \_\_\_\_, Sun. From \_\_\_\_ To \_\_\_\_

Course Semester Begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Semester Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Credit Hours Student is Currently Enrolled: \_\_\_\_\_

**Was the past course semester completed successfully? [ ] Yes or [ ] No if no, please explain:**

\_\_\_\_\_

4. Major or Occupational Goal: \_\_\_\_\_

5. Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

6. Name of Records Official: \_\_\_\_\_

Title of Records Official: \_\_\_\_\_

\_\_\_\_\_

Signature of Records Official

\_\_\_\_\_

Date

\_\_\_\_\_

Official Seal

\_\_\_\_\_

Phone Number of Records Official