



Child Care Verification

Applicant: Your child care provider will need to complete this form and return to you. Attach the completed verification form to the reassignment application before submitting to the Enrollment Office. Child care address verification must be attached (copy of driver's license, utility bills, enrollment forms, etc.)
Reassignment applications will not be processed for child care reasons without this form.

Name of Parent/Guardian: _____

Name of company/individual providing child care: _____

Child care provider address: _____

Remember to attach address verification

Home phone number: _____ **Business phone number:** _____

Email: _____

Name of child(ren):	Date of enrollment:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Affirmation by Child Care Provider

I affirm and attest, that the above information is true and accurate and that I acknowledge this information is subject to review by the Rowan-Salisbury Schools' Board of Education.

Signature of Child Care Provider
Employment Position

Subscribed and sworn to me this _____ day of _____, 20 _____.

My commission expires
Notary Public