



**SCHOOL READINESS PROGRAM  
VERIFICATION OF EDUCATION**

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

I give consent for release of my education information to the Early Learning Coalition of the Nature Coast (ELCNC) to assist in the determination of my eligibility for child care assistance.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION:**

The student named above has requested child care assistance for his or her child for the purpose of attending school. Please assist the ELCNC in determining the student's need for child care by completing this form, and returning it to the ELCNC by \_\_\_\_\_.

**CURRENT SEMESTER:** Semester start date: \_\_\_\_\_ Semester end date: \_\_\_\_\_ Last day to drop classes: \_\_\_\_\_

Number of credit hours student is enrolled in: \_\_\_\_\_ Student is considered a:  Full-time student  Part-time student

**PLEASE ATTACH A SCHOOL CALENDAR FOR THE CURRENT SEMESTER.**

*By signing this document, I am certifying that the above information is true and correct to the best of my knowledge. The Early Learning Coalition of the Nature Coast may contact the education facility named below to verify the above information.*

**Name of person completing form:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of Educational Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current semester school calendar attached**

School Stamp or Seal (Required)