



**School or Training
Schedule Verification Form
(To be completed by School or Training Institution)**

Case Name: _____

TWIST #: _____

Student Name: _____

Phone #: _____

Note to School or Training Institution: Your student is applying for or is currently receiving child care assistance from Workforce Solutions – Child Care Services. To determine their eligibility, we must receive a detailed summary of the student’s class/training schedule and attach enrollment form. Please complete the following information:

School or Training Institution Name: _____

Address: _____

Student’s Date of Enrollment: _____

Projected End Date: _____

Please indicate the student’s class schedule for each day listed (ex: Monday 9am – 5pm)

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Does individual attend school regularly, and are they working toward successful completion? Yes No
If no, please explain (comment is optional):

SIGNATURE (Must be signed by *SCHOOL* or *TRAINING INSTITUTION*)

Person completing this form (please print name)

Title & Phone #

Signature

Date

