



WORKFORCE SOLUTIONS TEXOMA CHILD CARE SERVICES

2415 S. Austin Ave. Ste. 105

Denison, TX 75020

☎ (903) 463-9997

☎ (800) 813-1992

☎ (903) 465-8680

SCHOOL ATTENDANCE VERIFICATION

Date sent to parent/caregiver _____

PARENT PERMISSION FOR RELEASE OF INFORMATION.

All forms must be completed in ink; white-out NOT accepted.

I hereby give my permission to release the information requested on this form.

Por este medio doy permiso para divulgar la Información que se pide en esta forma.

Signed: _____ Date/Fecha _____

To school personnel: This household is receiving assistance with child care services through the _____. In order to receive this assistance, Texas Workforce Commission rules (40 TAC, Chapter 809) require that the household provide proof of school attendance during the period of time from _____ to _____. Will you please assist the parent(s) to provide proof of the child's attendance by completing the information in the shaded box below?

Name of child	Date of Birth	Grade
Case name/Name of parent or caretaker	Case no.	
Address		

SCHOOL PERSONNEL ONLY: PLEASE COMPLETE THE FOLLOWING

All forms must be completed in ink; white-out NOT accepted.

Did this child attend school regularly, meeting school attendance requirements, between the dates of _____ and _____? Yes No

Comments (optional): _____

Name of school: _____

Name and title of person providing information: _____

Telephone number (____) _____

Signed: _____ Date: _____

Person providing information

The child care contractor needs this information by: _____. Please return this form to

Date

the parent(s) or FAX to: _____

Telephone (____) _____ FAX (____) _____

Submission of this form does not represent notification of changes regarding address, employment, training, income or family size. You are required to contact your case worker directly at Workforce Solutions Texoma for proper notification of any changes.

Office Use Only:

Date Out: ____-____-____

Date In: ____-____-____