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903-463-3073 fax
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High School / Training Schedule Verification Form - parent (To be completed by High School/Training Institution)

Parent Name: _____

CCS Case #: _____

TO BE COMPLETED BY HIGH SCHOOL/TRAINING INSTITUTION:

Note to training institution: Your student is applying for or is currently receiving Child Care Assistance with Workforce Solutions Texoma. To determine eligibility, we must receive a detailed summary of working hours or class schedule. Please complete the following information:

Training Institution Name: _____

Address: _____

Start Date: _____ End Date: _____

Weekly Class Schedule: _____

Is this student meeting your attendance requirements? YES NO

If no, please explain (comment not required):

Is this student working toward successful completion of this training program? YES NO

SIGNATURE (MUST BE SIGNED BY SCHOOL PERSONNEL)

Person completing this form (please print)

Title & Phone #

Signature

Date