

CHILDCARE INFORMATION

If you have indicated that childcare is the reason for your attendance area waiver request, please complete this form, have it signed by your child's childcare provider, and submit it along with your waiver request. Thank you.

Student Name: _____ Grade Level: _____

Street Address: _____ Neighborhood School: _____

Parent Name: _____ Home Phone: _____ Work Phone: _____

Childcare provider's verification:

Name: _____

Address: _____

Childcare location neighborhood school: _____

Telephone: _____

Circle days of the week that childcare is provided for this student at this address:

Monday

Tuesday

Wednesday

Thursday

Friday

My signature verifies that I provide regular childcare to the above named child during the school year.

(Childcare provider's signature)

Date: _____

Please notify us immediately if your childcare arrangements change.