

Education Enrollment Verification Form

The Education Enrollment Verification Form should be filled out and signed by an authorized representative from the educational institution. You will be required to provide a copy of the corresponding schedule.

Family ID#
Name of the School:
Address:
This is to certify that is currently enrolled (Students Name)
in the above-mentioned school during the following semester/term.
Semester/Term start date: Semester/Term end date:
Enrollment Type: full time part time
Student Schedule: weekday weeknights weekends online
Name of the person completing this form Title
Signature of the person completing this form Date

Toll-free: 1-888-270-1086 Fax: 571-544-7080

Email: USARTPU@usa.childcareaware.org