

**STAFFORD COUNTY PUBLIC SCHOOLS  
CHILD CARE VERIFICATION**

**INSTRUCTIONS:** Parents or guardians requesting a student transfer based on child care in a school attendance area other than their own must complete **PART I** and have the Child Care Provider complete **PART II** of this form. The parent or guardian must attach this completed form to the transfer request. The child care location must be in the same attendance area as the requested school. **A separate form must be completed for each child.**

**PART I STUDENT/PARENT INFORMATION**

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

Base School: \_\_\_\_\_ Requested School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*STREET* *APT #*

\_\_\_\_\_ \_\_\_\_\_  
*CITY* *STATE* *ZIP CODE*

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II CHILD CARE PROVIDER INFORMATION (to be completed by the child care provider)**

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*STREET* *APT #*

\_\_\_\_\_ \_\_\_\_\_  
*CITY* *STATE* *ZIP CODE*

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

This is to verify that the above named child will be in my care for school year: \_\_\_\_\_.

**I understand it is a misdemeanor to make false statements as to school division or attendance zone residency. I certify that all the information on this application is correct to the best of my knowledge.**

Name/Position of person/provider completing Part II (please print): \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III REQUESTED SCHOOL PRINCIPAL VERIFICATION (for office use only)**

This child care provider is in the attendance area of the requested school.  Yes  No

Requested School: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit completed Child Care Verification form with Student Transfer Application to Office of Demographic Planning.*