



Child Care Services

500 Chestnut St., Ste. 1100
ABILENE, TX 79602
325-795-4200/1-800-457-5633
FAX: (325) 795-4369

Twist Id:

VERIFICATION OF SCHOOL ENROLLMENT/ATTENDANCE

Please take this form to the school you attend and return to our office by _____. A staff member of the school must complete this form. **This form may be faxed to us at (325) 795-4369.**

Please fill out this form to provide verification of the student's enrollment and attendance in your program.

Student Name: _____

Is the student currently enrolled at this institution? Yes No

If no, on what date did they withdraw? _____

Current Semester Start Date: _____ Current Semester End Date: _____

Is student enrolled: Full Time or Part Time

Semester hours enrolled for current semester: _____

Student Classification: Freshman Sophomore Junior Senior

Degree Program: Associates Bachelors Certificate

Is student in good standing: Yes No

Number of credit hours accumulated as of this date: _____ Program/Major: _____

Applicant/Client Release Signature

Signature and Title of Person Completing Form

Name of School: _____

Address of School: _____

Telephone Number: _____

* this information is voluntary
* esta información es de carácter voluntario

CCS Staff: _____ Date Sent: _____ **School Seal:**

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas: 1-800-735-2989 (TTY)/711 (Voice)

This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at <http://www.workforcesystem.org/107/Public-Information>.