



TWIST ID:

Child Care Services

500 Chestnut St., Ste. 1100
Abilene, TX 79602
325-795-4200 & press "4" / 1-800-457-5633
FAX: (325) 795-4369

VERIFICATION OF SCHOOL ENROLLMENT/ATTENDANCE

Dear: _____

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: _____

Date of Enrollment: _____

Hours/Days of Scheduled Classes: _____

Is the student currently enrolled at this institution? Yes No

Has the student been attending on a regular basis? Yes No

If no, how many days has the student missed? _____

Student Release Signature

Signature and Title of Person Completing Form

Name of School: _____

Address of School: _____

Telephone Number: _____

School Seal:

CCS Staff: _____

Date: _____

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

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 services 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>.