VERIFICATION OF CHILD CARE SUPERVISION
(To be completed by child care provider)

I/we hereby certify that I/we provide child care supervision for:

Name of Student _____

Address_____

I verify that the child listed above attends my child care/home on a regular daily basis for these hours:

A.M. From_____ **to**_____

P.M. From_____ **to**_____

_____
Signature of individual or director of agency providing supervision **Date**

_____
Print name of individual or director of agency providing supervision

_____
If childcare agency, please print agency name

_____
Street Address

_____
City **State** **Zip Code**

_____
Phone Number

Student Assignment Office
Guilford County Schools
120 Franklin Blvd.
Greensboro, NC 27401

Office Use Only:

Child Care Provider
Attendance Zone: _____ Verified by: _____