EMPLOYER VERIFICATION FORM

PARENT/LEGAL GUARDIAN – COMPLETE THIS SECTION:
(NOTE: A separate form should be completed and submitted for each parent in the home.)

Student’s Name ________________________________

Name of Parent/Legal Guardian ____________________________________________________________

Place of Employment ________________________________________________________________

Employer’s Address _________________________________________________________________

City/State __________________________ Zip ____________

Supervisor’s Name ___________________________ Phone __________________________

Work Days ___________________________________________ My work schedule varies: Yes ☐ No ☐

Work Hours
Start work at: __________ AM   PM   Finish work at: __________ AM   PM
(circle one) (circle one)

EMPLOYER – COMPLETE THIS SECTION:

I hereby certify that ________________________________ is employed

(Name of Employee)

by ________________________________, and that the information detailed

(Name of Company)

above is true and accurate.

Signature of Employer ___________________________ Employer Name (Please Print) ___________________________

Date ___________________________

NOTE: IF EMPLOYMENT STATUS CHANGES DURING THE SCHOOL YEAR, THE PARENT IS
REQUIRED TO FORWARD THE CORRECTED INFORMATION TO:

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