

**ORANGE COUNTY PUBLIC SCHOOLS
CHILD CARE VERIFICATION FORM**

JCA-F2

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. **Please submit a separate form 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: _____

Parent/Guardian Signature: _____ Date: _____

**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.**

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

Name/Company: _____

Address: _____

STREET

APT #

CITY

STATE

ZIP CODE

Phone: _____

This is to verify that the above-named child will be in my care for the following school year: _____

Name of 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 Child Care Verification Form and Student Transfer Application to the Executive Director of Student Services and Special Education.