



EMPLOYER VERIFICATION FORM

PARENT/LEGAL GUARDIAN - COMPLETE BELOW 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 _____

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Supervisor's Name _____ Phone _____

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

Work Hours Start Time: _____ AM ☐ PM ☐ End Time: _____ AM ☐ PM ☐
(select one) (select one)

EMPLOYER - COMPLETE BELOW SECTION:

I hereby certify that _____ is employed by
(Name of Employee)

_____ and 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:

**Guilford County Schools
Student Assignment Office**

GCS Student Assignment Office
2703 E. Florida St.
Greensboro, NC 27401
336-370-8303

GCS Welcome Center HP Andrews
1920 McGuinn Dr
High Point, NC 27265
336-230-7361