



Guilford
COUNTY SCHOOLS

CHILDCARE VERIFICATION FORM

THIS FORM MUST BE SIGNED BY THE CHILD CARE PROVIDER

STUDENT INFORMATION

Student's First/Last Name _____

Student's Address _____

City/State _____ Zip _____

CHILDCARE PROVIDER INFORMATION

Childcare Provider or Agency Name: _____

If the childcare provider is an agency, please print the director's name: _____

Address _____

City/State/Zip _____ Phone _____

I/we provide childcare supervision for the student listed above on the following days/times

(Check all that apply)

Before School			
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐

After School			
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐

I hereby certify that the information detailed above is true and accurate.

Signature of individual or director of agency providing supervision

Date

**Guilford County Schools
Student Assignment Office**

GCS Student Assignment
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