



GWINNETT COUNTY PUBLIC SCHOOLS VERIFICATION OF DAY CARE ENROLLMENT School Year _____

NOTE: This form is required for GCPS students being transported to a day care facility by GCPS.

Student: _____
(Child's Full LEGAL Name)

School: _____
(GCPS School)

Day Care Facility: _____ Phone #: _____

Day Care Address: _____ City: _____ Zip Code: _____

My child will be attending day care: Monday Tuesday Wednesday Thursday Friday
(Circle days attending)

Starting on: _____ in the AM only, PM only or AM & PM
(date)

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Relation to Child

DAYCARE USE ONLY:

The day care facility must provide the parent or fax to the school a copy of this day care verification letter which must include the start date and day care director's/designee's signature.

Day Care Facility Director/Designee Signature

Date

Day Care Facility Director/Designee Printed Name

Position

My signature verifies that the above student information is correct and the student attends this day care facility.