



# 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.*