



SECONDARY SCHOOL ENROLLMENT VERIFICATION

State Form 56896 (R / 4-21)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

STUDENT / APPLICANT CONSENT

By my signature below, I give consent to the below named school to release my enrollment information to the Eligibility Office listed at the bottom of this form. This information is necessary to establish my eligibility for child care assistance.

Signature of student / CCDF applicant

Date (month, day, year)

Printed name

FOR SCHOOL USE ONLY

Street address of student (number and street)

City

State

ZIP code

Student's current grade level

Anticipated graduation date (month, day, year)

Date school year begins (month, day, year)

Date school year ends (month, day, year)

Time student's school day begins

AM
 PM

Time student's school day ends

AM
 PM

Check days attending.

Monday Tuesday Wednesday Thursday Friday Saturday

Name of school

Address of school (number and street, city, state, and ZIP code)

Telephone number

()

Fax number

()

Completed by:

Date (month, day, year)

Printed name

Title

PLEASE RETURN FORM TO:

Name of Eligibility Office

Address of Eligibility Office (number and street, city, state, and ZIP code)

Telephone number

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Fax number

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