



Fullerton School District
Office of Child Welfare and Attendance
1401 W. Valencia Drive
Fullerton, CA 92833
Phone: 714-447-7529

VERIFICATION OF PARENT EMPLOYMENT/CHILDCARE FOR INTERDISTRICT PERMIT

PARENT

Student Name: _____ Next Grade: _____

School District Requested: _____

Parent/Guardian Name: _____ Telephone: _____

Address: _____

I, _____ authorize the Office of Child Welfare and Attendance to contact my employer/childcare provider to verify any information mentioned below and request any additional information if needed.

Parent Signature: _____ Date: _____

EMPLOYER

Employment Verification: A permit may be granted for a student to attend a school in another district if at least one of the parents/guardians of the student is employed within the boundaries of that school district. The parent/guardian must be currently employed on a full-time regular basis, no less than 30 hours per week during school hours, and must provide a copy of most current paystub (please blackout \$ amount) OR a letter from the employer on the company/organization's letterhead. The employer will also be required to complete and sign the employment verification below:

Company's/Employer's Name: _____ Employee's Title: _____

Work Address: _____

Days of Employment, be specific (i.e. Mon-Fri): _____

Hours of Employment (i.e. 8AM-4PM): _____

Additional Comments: _____

This is to certify that the above named parent/guardian is presently employed by the employer stated above and that the information on this form is true and correct.

Employer's Signature: _____ Title: _____

Employer's Phone Number: _____ Date: _____

CHILDCARE PROVIDER

Child Care Verification: A permit may be granted for childcare reasons. The student must be cared for by a Child Care Center or by someone that lives in a district different than the student's place of residence. The childcare provider must complete this portion and provide a copy of the childcare license or utility bill.

This is to certify that I am the child care provider for the above named student and that I assume responsibility for him/her during school days between the hour of: _____ to _____.

Provider's Name: _____ Provider's Signature: _____ Date: _____

Provider's Address: _____ Telephone: _____