



# School and Track Verification Form

Must be completed for all children 5 years of age & older that attend school, including kindergarten  
Attach a school track calendar for children on track & a holiday break schedule for children on a traditional schedule  
All information being requested is for the **2009-2010** school year

Family ID #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Note: If all children attend same school, write "same"

<b>▶ CHILD #1:</b>	<b>Age:</b> _____	<b>Grade:</b> _____	<b>School Type:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private
▶ If Private, Year Schedule: <input type="checkbox"/> Traditional <input type="checkbox"/> Other: _____			
▶ If Public, School District: <input type="checkbox"/> Hawthorne <input type="checkbox"/> Inglewood <input type="checkbox"/> Lennox <input type="checkbox"/> Torrance <input type="checkbox"/> Other: _____			
<input type="checkbox"/> LAUSD (circle one): Three Track Four Track <input type="checkbox"/> Traditional <input type="checkbox"/> Track (circle one): A B C D			
Class Schedule: Start Time _____ am / pm End Time _____ am / pm School has a Minimum Day: <input type="checkbox"/> No <input type="checkbox"/> Yes*			
*If yes, circle one: M T W TH F Start Time: _____ am / pm End Time _____ am / pm			
School Name: _____		Phone Number: _____	
Address: _____		City: _____ Zip Code: _____	
▶ Does child attend school and childcare at the same facility? <input type="checkbox"/> No <input type="checkbox"/> Yes, academic hours are: Start _____ End _____			
<b>▶ CHILD #2:</b>	<b>Age:</b> _____	<b>Grade:</b> _____	<b>School Type:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private
▶ If Private, Year Schedule: <input type="checkbox"/> Traditional <input type="checkbox"/> Other: _____			
▶ If Public, School District: <input type="checkbox"/> Hawthorne <input type="checkbox"/> Inglewood <input type="checkbox"/> Lennox <input type="checkbox"/> Torrance <input type="checkbox"/> Other: _____			
<input type="checkbox"/> LAUSD (circle one): Three Track Four Track <input type="checkbox"/> Traditional <input type="checkbox"/> Track (circle one): A B C D			
Class Schedule: Start Time _____ am / pm End Time _____ am / pm School has a Minimum Day: <input type="checkbox"/> No <input type="checkbox"/> Yes*			
*If yes, circle one: M T W TH F Start Time: _____ am / pm End Time _____ am / pm			
School Name: _____		Phone Number: _____	
Address: _____		City: _____ Zip Code: _____	
▶ Does child attend school and childcare at the same facility? <input type="checkbox"/> No <input type="checkbox"/> Yes, academic hours are: Start _____ End _____			
<b>▶ CHILD #3:</b>	<b>Age:</b> _____	<b>Grade:</b> _____	<b>School Type:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private
▶ If Private, Year Schedule: <input type="checkbox"/> Traditional <input type="checkbox"/> Other: _____			
▶ If Public, School District: <input type="checkbox"/> Hawthorne <input type="checkbox"/> Inglewood <input type="checkbox"/> Lennox <input type="checkbox"/> Torrance <input type="checkbox"/> Other: _____			
<input type="checkbox"/> LAUSD (circle one): Three Track Four Track <input type="checkbox"/> Traditional <input type="checkbox"/> Track (circle one): A B C D			
Class Schedule: Start Time _____ am / pm End Time _____ am / pm School has a Minimum Day: <input type="checkbox"/> No <input type="checkbox"/> Yes*			
*If yes, circle one: M T W TH F Start Time: _____ am / pm End Time _____ am / pm			
School Name: _____		Phone Number: _____	
Address: _____		City: _____ Zip Code: _____	
▶ Does child attend school and childcare at the same facility? <input type="checkbox"/> No <input type="checkbox"/> Yes, academic hours are: Start _____ End _____			

I hereby certify under the penalty of perjury under the laws of the State of California that the information stated above is true & correct to the best of my knowledge & that none of such information is misleading, untrue or false. I understand & acknowledge that by signing this statement, that the above information is subject to verification and I hereby grant Crystal Stairs, Inc the authority to verify such information. If the above information is found to be false, untrue or misleading, I may be subject to prosecution & punishment under the laws of the State of California.

▶ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_