

Escondido Union School District

Interdistrict Permit Verification of Childcare/Employment K-8

This form must be completed for all transfers that are based on the need for childcare or employment.

A. TO BE COMPLETED BY PARENT

School Year _____

School/District of desired attendance _____ / _____

Pupil's name _____ Grade _____
Last First Middle

Reason for attendance at this location: Childcare Employment

Explain _____

Print name _____ Signature _____ Date _____
(Parent/Guardian) (Parent/Guardian)

Address _____ Home Telephone # _____

City _____ Zip _____ Work Telephone # _____

B. TO BE COMPLETED BY CHILDCARE PROVIDER

Child for which care will be provided _____

Name of childcare provider _____

Address _____ Telephone # _____

City _____ Zip _____ Date _____

Relationship to child (if any) _____

Date care will start _____ Hours FROM: _____ a.m. / p.m.

TO: _____ a.m. / p.m.

I agree to notify **Escondido Union School District** (760) 432-2247 when these arrangements are terminated.

Date Signature Title

C. TO BE COMPLETED BY EMPLOYER

Parent/Guardian's Name: _____

Place of employment _____ City _____

Length of employment _____ Number of hours per day _____

Name of person verifying employment _____ Telephone # _____

Date Signature/Seal Title