



West Contra Costa Unified School District
Transfer Office

1108 Bissell Avenue, Room 108
Richmond, CA 94801-3135

Phone: (510) 307-4535 Email: TransferOffice@wccusd.net Fax: (510) 620-2085

Anne Shin & Julio Franco
Executive Directors

VERIFICATION OF PARENT EMPLOYMENT / CHILDCARE FOR INTERDISTRICT PERMIT

Parent

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School district requested: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Transfer Office staff to contact my employer/child care provider to verify any information mentioned below and request any additional information if needed.

[Yellow Arrow] \_\_\_\_\_
Parent Signature Date

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. The employer will be required to complete and sign this part as employment verification.

Employer

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) \_\_\_\_\_

Method of payment: [ ] Company check [ ] Personal Check [ ] Cash [ ] Other: \_\_\_\_\_

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.

[Yellow Arrow] \_\_\_\_\_
Employer's Signature Title Phone Date

Child Care Provider

Child Care Verification: A permit may be granted for child care reasons to students in grades K-8 only. 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 child care 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 hours of: \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ [Yellow Arrow] \_\_\_\_\_
Provider's Name Provider's Signature Date

\_\_\_\_\_
Address Telephone