



West Contra Costa Unified School District
Transfer Office

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Ruben Aurelio & Marco Gonzales
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