



Enrollment Verification Form

Return Completed Form To:
 3991 E 29th Street, Bryan TX 77802
Mail: PO Box 4128, Bryan TX 77805
Fax: (979) 595-2810
Email: CCMS@BVCOG.org
Phone: (979) 595-2801, ext 2105

TWIST ID: _____

Please complete this form if you are enrolled in an educational or training program and do not have access to a class schedule. This includes vocational programs, internships, apprenticeships, and high school equivalency programs.

This Participant has applied to receive child care services, paid for by the Texas Workforce Commission. Please verify the student's enrollment, attendance, and participation in your program.

Printed Name: _____ Social Security Number (Optional) _____

This section must be completed by Educational/Training Program Staff:

1. Is this person currently enrolled? Yes No If "No", last date of attendance: _____
 - a. Current Term: Beginning Date: _____ End Date: _____
 - b. Upcoming Term: Beginning Date: _____ End Date: _____
2. What is this individual's educational or training goal? _____
3. What is this person's estimated date of completion? _____
4. Is this person participating regularly/ meeting attendance requirements? Yes No N/A (new to program)
5. Has this person dropped any classes during the current or last term: Yes No N/A (new to program)
6. Did this person complete/pass the previous semester? Yes No N/A (new to program)
7. Hours regularly scheduled per week (on campus only): _____
 - a. Daily Class Schedule (i.e., 9am-5pm, 1pm-4pm) for each scheduled day:
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Sat _____
8. Does this schedule rotate? Yes No
9. Does the student regularly participate at least 30 hours per week? Yes No

Please provide information for only the box checked below.

Participation Hour information for the previous 3 Months (13 Weeks)

Week #	Week Ending Date	Hours for Week	Week #	Week Ending Date	Hours for Week
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7					

If the student is new and has not yet participated for at least thirteen weeks, please provide anticipated hours/week this student is expected to attend/participate per week: _____

Comments: _____

Name of School: _____

Address of School: _____

School Telephone (for verification purposes): _____

Printed Name of Person Signing form: _____

Title of Person Signing Form: _____

Signature: _____

Equal opportunity employer/program.
 Auxiliary aids and services are available upon request to individuals with disabilities.
 Relay Texas (800) 735-2989, TDD (800) 735-2988 Voice, TTY (979) 595-2819
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