



## Enrollment Verification Form

**Return Completed Form To:**  
 3991 E 29<sup>th</sup> Street, Bryan TX 77802  
**Mail:** PO Box 4128, Bryan TX 77805  
**Fax:** (979) 595-2810  
**Email:** [CCMS@BVCOG.org](mailto: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: \_\_\_\_\_