

## **Education Center**

1401 North Handy Street ● Orange, CA 92867-4334 714-628-5424 ● 714-628-4061 (Fax) www.orangeusd.org

## STUDENT AND COMMUNITY SERVICES

## **CHILD CARE VERIFICATION** Please type or print

I,	, being th	being the natural mother/father or legal guardian of:	
	, Date	of Birth:	
Name of Child	_		
Name of Child	, Date	of Birth:	
	, Date	of Birth:	
Name of Child			
Do hereby declare that I am	applying for a student	t transfer from _	(Name of School)
which is located in the Orang	ge Unified School Dis	strict to	
			(Name of School)
in the	Sc	hool District be	ecause my child care provider is;
(Name of District)			
(Name of Provider)	(Address)	(City)	(Phone # include area code)
Which is located in the			District's attendance area.
Check the supporting docum	(Name of School Dist	rict)	
		care provider, w	vith address & phone #.
	ider has signed below		
Transfers based on child care any time, the child care cease	* *		and re-verified every year. If at oked.
By signing below, I declare uthe information contained he		•	ws of the State of California that
Parent/Guardian Signature		Date:	
Authorized Caregiver Signat	ure		Date: