



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Statement from High School or Vocational Education

Date:

Client ID Number:

Section 1: To be filled out by the client/student.

I authorize my employer to release information to the Department of Children, Youth, and Families.

STUDENT'S SIGNATURE

DATE

Section 2: To be filled out by the school official/employee.

STUDENT'S NAME

NAME OF SCHOOL

SCHOOL ADDRESS (Street, City, State, ZIP)

Is this student full time or part time?

Full Part

STUDENT'S START DATE

ANTICIPATED COMPLETION DATE

SCHOOL TYPE (*mark all that apply*):

High School Vocational Education Adult Basic Education

English as Second Language Other: _____

Note: If you are participating in a registered apprenticeship, please complete an Employment Verification form (14-252) instead.

DEGREE OR CERTIFICATE TYPE:

Two-Year

Certificate

Other: _____

Does this student participate in Work Study? Yes No

If yes, how many hours per week?

School Schedule (*include exact times when possible*):

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Does this student participate in a paid Internship? Yes No

If YES, Please Complete DCYF Form 14-252 Employment Verification

SCHOOL EMPLOYEE'S SIGNATURE

DATE

SCHOOL EMPLOYEE'S PRINTED NAME AND TITLE

PHONE NUMBER

Please returned completed form to:

Fax: 1-877-309-9747

Child Care Subsidy Contact Center
Department of Children, Youth, and Families
P.O. Box 11346
Tacoma WA 98411-9903