



School of Choice Daycare Verification Form

Child's Name:

Grade:

Parent/Guardian Name:

Parent/Guardian Contact Information:

Home phone:

Cell phone:

Email address:

Licensed Daycare Provider Name and Address:

Name:

Address:

Phone Number:

Before School Daycare: YES NO

After School Daycare: YES NO

Parent/Guardian Signature:

Daycare Provider Signature:

Please submit form to the Transportation Department @ transportation_office@mattawanschools.org

OFFICE USE ONLY:

Transportation Signature: _____ Date: ___/___/___ Approved Denied