



**Garden Grove Unified School District**  
*Office of Special Education and Student Services*  
 10331 Stanford Avenue  
 Garden Grove, CA 92840  
 Phone: 714-663-6391

**Lorraine Rae**  
 Assistant Superintendent

**Arthur Cummins**  
 Director

**Mayu Iwatani**  
 Supervisor

**VERIFICATION OF PARENT EMPLOYMENT/CHILDCARE FOR INTERDISTRICT PERMIT**

**Parent**

Student Name: \_\_\_\_\_ Next Grade: \_\_\_\_\_ School District Requested: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Office of Student Services staff to contact my employer/child care provider to verify any information mentioned below and request any additional information if needed.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**Employment Verification-**A permit **may** be granted for a student to attend a school in another district if at least one of the parents/guardians of the student is employed within the boundaries of that school district. The parent/guardian must be currently employed on a full-time regular basis, no less than 30 hours per week during school hours, and must provide a copy of most current paystub. The employer will be required to complete and sign this part as employment verification.

**Employer**

Company's/Employer's Name: \_\_\_\_\_ Employee's Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Days of Employment, be specific (i.e. Mon-Fri): \_\_\_\_\_

Hours of Employment (i.e. 8AM-4PM): \_\_\_\_\_

Method of payment:  Company Check  Personal Check  Cash  Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**This is to certify that the above named parent/guardian is presently employed by the employer stated above and that the information on this form is true and correct.**

\_\_\_\_\_  
 Employer's Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

**Child Care Provider**

**Child Care Verification:** A permit **may** be granted for child care reasons to students in grades K-8 only. The student must be cared for by a Child Care Center or by someone that lives in a district different than the student's place of residence. The child care provider must **complete this portion and provide a copy of the childcare license or utility bill.**

This is to certify that I am the child care provider for the above named student and that I assume responsibility for him/her during school days between the hours of: \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
 Provider's Name

\_\_\_\_\_  
 Provider's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone