

PARENT OR LEGAL GUARDIAN SCHOOL SCHEDULE

This form must be completed by a school Advisor or representative.

Parent/Legal Guardian's Name: _____

Name of School: _____

Address: _____

Current School Term: Fall Spring Summer Year: _____

Term start date: _____ Term end date: _____

Class Schedule:

(Include class hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Name of School Representative: _____

Title: _____

Telephone Number: (_____) _____

Signature: _____

Date: _____

For use by the Provider:

Recipient's Name: _____

Recipient Medicaid ID: _____