



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
 DEPARTMENT OF CHOICE AND CAREER OPTIONS  
 3308 Forest Hill Boulevard, West Palm Beach, FL 33406 • (561) 434-8755 • FAX (561) 434-7300

## Parent Employment Verification and Reassignment Supervision Hardship

**PARENT/GUARDIAN:** Your application for student reassignment cannot be processed until this form has been returned to the Department of Choice and Career Options.

**EMPLOYER:** In order for us to maintain the integrity of the public schools in Palm Beach County it is necessary for us to carefully scrutinize all requests for the transfer of students from one school to another to determine their authenticity. You are being requested to assist us in this endeavor by providing the following information.

### STUDENT INFORMATION

STUDENT NAME <i>(Last, First, Middle Initial)</i>		PROMOTED TO GRADE	
PARENT'S ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			
PARENT'S TELEPHONE NUMBER (        ) -	MARITAL STATUS OF PARENT <input type="checkbox"/> Single <input type="checkbox"/> Married	NO. OF CHILDREN IN FAMILY	AGES OF CHILDREN

### EMPLOYMENT INFORMATION - MOTHER

MOTHER'S NAME <i>(Last, First, Middle Initial)</i>		WORKING HOURS	
VARIATION OF REGULAR WORKING HOURS <i>(Indicate the extreme early/late hours which may be required)</i>		FREQUENCY OF VARIATION	
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER (        ) -	
EMPLOYMENT ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			

This is to verify that the above-named parent is in our employ and working the stated hours.

\_\_\_\_\_  
 PRINT SUPERVISOR'S NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE

### EMPLOYMENT INFORMATION - FATHER

FATHER'S NAME <i>(Last, First, Middle Initial)</i>		WORKING HOURS	
VARIATION OF REGULAR WORKING HOURS <i>(Indicate the extreme early/late hours which may be required)</i>		FREQUENCY OF VARIATION	
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER (        ) -	
EMPLOYMENT ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			

This is to verify that the above-named parent is in our employ and working the stated hours.

\_\_\_\_\_  
 PRINT SUPERVISOR'S NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE

### CHILD CARE ARRANGEMENTS

NAME OF SITTER OR CHILD CARE FACILITY		TELEPHONE NUMBER (        ) -	
ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			
SPECIFY HOURS STUDENT IS IN CHILD CARE			