



NC Childcare Grant Instructor Attendance Verification

PO Box 188, Kinston, NC 28502-0188 • Telephone 252.527.6223 • www.lenoircc.edu

FEBRUARY

Student name: _____

Student ID: _____

| Course | Instructor | Signature | Date |
|--------|------------|-----------|------|
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Instructors: Please sign to verify the student is still enrolled as of the last day of **FEBRUARY**.

Students: Your signature certifies that you agree with this record of your attendance for the month. The sheet must be turned in to the Financial Aid Office by the 5th day after the end of the verified month.

Provider Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____