



NC CHILDCARE GRANT INSTRUCTOR ATTENDANCE VERIFICATION

AUGUST

COURSE	INSTRUCTOR	SIGNATURE	DATE

INSTRUCTORS: PLEASE SIGN TO VERIFY THE STUDENT IS STILL ENROLLED AS OF THE LAST DAY OF AUGUST.

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.

STUDENT NAME: _____ STUDENT ID: _____

PROVIDER SIGNATURE: _____ DATE: _____

FINANCIAL AID SIGNATURE: _____ DATE: _____