



NC CHILDCARE GRANT INSTRUCTOR ATTENDANCE  
VERIFICATION  
SEPTEMBER

COURSE	INSTRUCTOR	SIGNATURE	DATE

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

**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: \_\_\_\_\_