

VERIFICATION OF EMPLOYMENT

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the _____ School District will enroll a non-resident student who has a medical condition for which there is substantial likelihood that emergency medical treatment might be required if their parent(s) or legal guardian(s) is/are regularly employed in the District during the school day.

_____ is seeking to enroll his/her child, _____, in accordance with this provision of State law.

This form certifies that _____ is employed by

Company

Street Address

City State Zip

Area Code Telephone Number

The individual named above is employed part-time full-time.

S/He is regularly scheduled to work between the hours of 7:30 a.m. and 3:30 p.m.

(Please check all that apply)

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

S/He has been employed by our company since _____
Month Day Year

Printed Name

Title

Signature