



TURN CARE INTO CREDIT™

The Military Child World Expo Foundation
The National Association For Military-Connected Children
Contact Us- info@mcwef.org



SCHOOL VERIFICATION FORM

Purpose

This form allows a school representative to verify a student's caregiving role for recognition and service-hour documentation.

School Verification Form

Student Information

Student Full Name: _____

Date of Birth: _____ Gender: _____

Grade Level: _____

School Name: _____

School Verifier Information

Verifier Name: _____

Title / Role: _____

Email: _____

Phone (optional): _____ Alt. Phone: _____

Verification Statement

I confirm that, to the best of my knowledge, the above-named student provides ongoing caregiving support to a family member or loved one.

This verification:

- is provided solely for recognition and service-hour documentation
- does not constitute a medical, psychological, or academic evaluation
- is based on direct knowledge or reasonable awareness

☐ I confirm this statement in good faith.

General Description of Care (optional, non-medical)

(Example: household support, supervision, emotional support)

Estimated Frequency / Period

☐ Ongoing ☐ Weekly ☐ Periodic ☐ Other: _____

Signature

Verifier Signature: _____

Date: _____

