

Case ID Student Name

Address

This is to confirm that the above named person attended the following course(s):

Name of School:

Name of Course(s):	
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

The usual start time and end time for each day is as follows:			
Monday	From:	<input type="text"/>	To: <input type="text"/>
Tuesday	From:	<input type="text"/>	To: <input type="text"/>
Wednesday	From:	<input type="text"/>	To: <input type="text"/>
Thursday	From:	<input type="text"/>	To: <input type="text"/>
Friday	From:	<input type="text"/>	To: <input type="text"/>

Course Start Date:

(YYYY/MM/DD)

Course End Date:

(YYYY/MM/DD)

Did this student complete their course of study? Yes No

If No, please advise last day of attendance:

(YYYY/MM/DD)

According to your records, attendance was as follows:

Year	Month	Days Present	Days Absent
	January		
	February		
	March		
	April		
	May		
	June		
	July		
	August		
	September		
	October		
	November		
	December		

School Stamp

This form is not valid without school stamp

School Official

Position

Telephone Number

I _____ consent for the release of the above information to the Region of Peel.

Student Signature _____

Date _____

Return to Children's Services, Attention: _____

Notice with Respect to the Collection of Personal Information

This information is being collected pursuant to the *Child Care and Early Years Act, 2014* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56*. This information will be used to determine and verify initial & ongoing eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy by Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585