

SCHOOL SCHEDULE FOR PARENT OR LEGAL GUARDIAN

This form must be completed by a school registrar or student advisor at the school where the child's parent or legal guardian is currently enrolled. Submit a form for each caregiver. Do not send in false information. Ped-I-Care will notify Medicaid if the information is suspicious.

Name of Student: _____

Name of School: _____

Address of School: _____

SCHOOL SCHEDULE: Include hours for each day scheduled to attend class

Day of Week	Total Time at School Including Travel To and From School	Scheduled Class Start Time	Scheduled Class End Time	Additional Hours: Tutoring, Clinical, Lab, etc. (hours per day)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Does the school close for all Federal holidays? _____

How long is each semester (4 weeks, 8 weeks, etc.)? _____

Does the student attend classes over the summer (June/July/August)? _____

Is the student the only care giver for the child? _____

Name of Student Advisor (Printed): _____

Telephone #: School _____ Advisor _____

Advisor's Signature: _____ Date: _____

Please include a copy of the student's class schedule and the school's yearly schedule including semester breaks and closing dates for holidays.

Member's Name: _____ ID #: _____
