



LINCOLN COUNTY PARENTAL INVOLVEMENT VERIFICATION FORM

Print Name of Parent(s):	Date:
Print Name of Student(s):	Grade(s):
Name of School or Daycare:	
Arrival time at School:	
Departure time from School:	Total Hours:
This is to certify that the above named parent(s) (guardian, in-loco-parentis) of the student(s) identified has visited the school for a conference with his/her child's/children's teacher or school official, to attend a function involving his/her child/children, or as a volunteer to assist in the child's/children's school activities:	
Signature of Teacher or School Official _____	Telephone Number: (_____) _____
Printed Name: _____	
NOTE: This Verification Form must be attached to the Leave Form for approval by the supervisor. Lincoln County has the right to contact the school or daycare for verification at any time. <i>If form isn't submitted leave will be denied.</i>	
Date Received: _____ Received by: _____	