

# Gaston County Schools

## Day Care/Childcare Transfer Request – Details Form

Name of Student: \_\_\_\_\_ Grade (2025-26): \_\_\_\_\_

Requested School: \_\_\_\_\_

### A) **Employment Status of Parents:**

Status of employment of each parent or legal guardian:

Parent Name	Employer	Hours of Employment
_____	_____	_____
_____	_____	_____

*The parent/guardian must notify the school within 48 hours of any change in employment or in the person or institution caring for the student.*

### B) **Institution or Person Responsible Before and/or After School Hours:**

Responsible Person or Institution Name: \_\_\_\_\_

The above-named student was placed into your care on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Hours that care is provided: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Please check one: Child Care Center \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

If relative or other, please list your relationship to the student: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Person or Institution Responsible      Date

\_\_\_\_\_  
Complete Address (including zip code)

*I hereby declare that the information provided is factual. I also understand that any willful dishonesty will result in the request being automatically denied.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

\_\_\_\_\_  
Complete Address (including zip code)