

VERIFICATION OF EMPLOYMENT

Pursuant to Section 3313.64(F)(3) of the Ohio Revised Code, the \_\_\_\_\_ School District will enroll a non-resident student who has a medical condition for which there is substantial likelihood that emergency medical treatment might be required if their parent(s) or legal guardian(s) is/are regularly employed in the District during the school day.

\_\_\_\_\_ is seeking to enroll his/her child, \_\_\_\_\_, in accordance with this provision of State law.

\*\*\*\*\*

This form certifies that \_\_\_\_\_ is employed by

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Area Code Telephone Number

The individual named above is employed  part-time  full-time.

S/He is regularly scheduled to work between the hours of 7:30 a.m. and 3:30 p.m.

(Please check all that apply)

\_\_\_\_\_Monday \_\_\_\_\_Tuesday \_\_\_\_\_Wednesday \_\_\_\_\_Thursday \_\_\_\_\_Friday

S/He has been employed by our company since \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature