

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)