

BERWICK AREA SCHOOL DISTRICT

Sitter Form

Dear Parent / Guardian:

If your child/children is/are attending school outside of their home attendance area or riding a bus because of a sitter situation, it is imperative that you have your employer and sitter complete the enclosed forms (**Sitter Form Must Be Notarized**). Have the forms **completed immediately** and return originals via mail or drop off to the Child Accounting Office, Administration Building, 500 Line Street, Berwick, PA 18603.

All paperwork must be returned before sitter will be honored and bus added, if needed. If you are currently using a sitter, a new forms **must be completed every school year**. Sitter Forms must be returned before the start of the school year or your child will have to return to their home school and or sitter busing will be removed. Also, if you are no longer using a sitter, please contact the Child Accounting Office immediately, so we can remove the sitter information from your records. Contact information below.

Please contact my office, if you have any questions regarding this policy.

Sincerely,
Teresa Conrad
Child Accounting Secretary

Contact: via email – childaccounting@berwicksd.org
570-759-6400 ext: 3521, 3523, or 3530

**AFFIDAVIT
SITTER VERIFICATION
20 - 20 School Year**

Berwick Area School District is requesting sitter verification for any child/children attending a school outside of their home attendance area and/or riding a bus because of a sitter situation. Periodically district personnel may contact sitter to verify status of child/children you are watching.

Sitter Name: _____ Telephone: _____
Address: _____

List days watching child/children: _____
Hours watching child/children: _____ AM _____ PM

I verify that I am babysitting for the following student(s) in my home while their parent(s) are working and not for any other purpose. I also agree to notify the Berwick Area School District Administration Office if I move or no longer watch the child/children listed below:

Date	Sitter's Signature	
<u>Name of Student(s):</u>	<u>Building:</u>	<u>Grade:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Commonwealth of Pennsylvania:
County of _____:ss

On this, the _____ day of _____, 20____, before me, the undersigned office, personally appeared _____, known to me (or satisfactorily) proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she same for the purposes therein contained.

In Witness Whereof, I hereunto set my hand and official seal.

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OFFICE USE ONLY

Transportation Department Approval: Yes No

Director of Transportation: _____ Date: _____

VERIFICATION OF EMPLOYMENT

Berwick Area School District is requesting verification of employment. Periodically district personnel may contact your office to verify employee status or to see if there have been any changes.

Employee Name: _____

Address: _____

Telephone: _____

I verify that the employee listed above is employed by:

Firm: _____

Address: _____

Phone: _____

Days Employed:

Hours Employed :

_____ AM to _____ PM

Supervisor's Name

Supervisor's Signature

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Employee Name: _____

Address: _____

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Firm: _____

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Phone: _____

Days Employed:

Hours Employed :

_____ AM to _____ PM

Supervisor's Name

Supervisor's Signature