

Putnam County Board of Education
School Age Care Program
3860 Phifer Mountain Road
Cookeville, Tennessee 38506
931-528-1847

Sibling Verification

It is necessary to complete the attached form if you are requesting a sibling discount for enrollment in the Putnam County School Age Care Program. A copy of this form must be kept on file at the site the child is attending, and at the Board of Education.

My child/children _____, _____,
_____ attend the Putnam
County SAC Program, and I am requesting the sibling discount rate.

My child/children attend(s) SAC at _____
(school)

Parent Name (please print)

Parent Signature

Date

Site Director Signature

Date