



COUNTY OF ONONDAGA

## Department of Social Services-Economic Security

Child Support ♦ Day Care ♦ Fair Hearings ♦ Fraud ♦ HEAP ♦ Medicaid ♦ SNAP ♦ Systems ♦ Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

Day Care Unit 5<sup>th</sup> floor

SYRACUSE, NY 13202

315-435-5683; Fax: 315-435-5682

[www.ongov.net](http://www.ongov.net)

**J. Ryan McMahon, II**  
County Executive

**Sarah G. Merrick**  
Commissioner

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

### Hours and Days of Classes

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

\*\*\*\*\* Note: This form must be returned with a printout of your current class Schedule and a school official must sign the form.

Start Date of Student: \_\_\_\_\_

End/ Graduation Date (if known): \_\_\_\_\_

Signature of School Representative and Title

Date

Phone Number