

## 2024-2025 Dependent Care Expense Form

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You are receiving this form as your 2024-20 or more dependents. Complete this form b			•
Student Name		Purchase ID	
EXPENSES			
Will you pay childcare or dependent	care expenses from J SPIease indicate the to pay in the 2024-2025	otal cost you will	une 30, 2025?
<b>DEPENDENTS</b> NAME	AGE	DELAT	IONSHIP
IVAIVIE	AUL	NELAT	ionsim
SIGNATURES			
Each person signing this form certifies that the info must sign and date. If you purposely give false or n			
STUDENT:  Printed Name		Signatura	Data
SPOUSE: (if applicable)		Signature	Date
Printed Name	:	Signature	Date