



**SCHOOL OF LAW
THE UNIVERSITY OF TEXAS AT AUSTIN**

727 East Dean Keeton Street · Austin, Texas 78705 · (512) 232-1130
Financial Aid Office · Facsimile (512) 475-7970

CHILD CARE EXPENSE FORM

**Please complete this form and return it to the Law School
Financial Aid Office (TNH 2.125)**

NAME: _____

EID: _____

1) Number of children 13 and under in child care: _____

2) Childrens' names and ages: _____

3) Amount paid for child care: _____

Monthly amount # of months

4) Are there any unusual circumstances which require services for your children?

Yes _____ NO _____

If yes please explain in the space below:

Student Signature _____ **Date** _____