

Training Verification (Electronic Class Schedule)

Section A PARENT/GUARDIAN INFORMATION

PARENT OR CARETAKER'S NAME (Last, First, Middle)		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE
PROFESSIONAL OR VOCATIONAL GOALS (Examples: To become a Registered Nurse. To become an Administrative Assistant.)		

Section B TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

Section C ATTACHMENTS

Attach an electronic print-out of your current class schedule from the training institution where the training/education will be received.

Note: For online classes you must also specify days/hours each week you will be participating in the class, website address, and attach a copy of the class syllabus. Maximum 1 hour per week per unit.

Section D STUDY TIME

If needed, you may request a maximum of 2 hours per academic unit for study time. Please specify the study schedule for each day: (Example: M 1pm – 3pm)

M	T	W	Th	F	Total hours requesting: _____
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Section E SIGNATURES

Stanislaus County Office of Education has permission to contact my training institution to verify information on this form.

SIGNATURE OF PARENT OR CARETAKER	DATE
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REMINDERS

1. Upon completion of a quarter, semester, or training period, as applicable, submit a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that you are making progress towards the attainment of your vocational goal.(Submit no more than 10 calendar days after the progress reports are released).
2. Completed Training Verification Forms must be submitted two weeks prior to the start of each training period.

(For Office Use Only)

Date Reviewed

Staff Signature

If you have any questions, please contact a Child Care Specialist at (209) 238-6300.

Optional
Revised 1-11
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