

# Choices for Children



Child Development Incorporated

## Santa Clara County Pilot Program School or Training Verification (01/17)

AGENCY: \_\_\_\_\_

Please print or type information. Please make sure all sections are completed.

### PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN'S NAME	TELEPHONE NO. (     )
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ADDRESS	CITY / ZIP CODE
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PROFESSIONAL OR VOCATIONAL GOALS (examples: To become a Registered Nurse. To become an Administrative Assistant)

  
  
  
  

<input type="checkbox"/> I am requesting study time. <input type="checkbox"/> I am requesting travel time.	Anticipated Completion Date: _____
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### EDUCATION/TRAINING INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE EDUCATION/TRAINING IS RECEIVED	TELEPHONE NO. (     )
ADDRESS	CITY / ZIP CODE

### SCHEDULE

Attached is the parent/guardian's course printout form from the school/training institute. *Printout must include parent/guardian's name, class schedule, units, semester dates.* No signature and stamp required from the Registrar's Office.

**OR**

Below is the parent/guardian's class schedule **WITH signature and stamp from the Registrar's Office.**

Class Schedule

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/TRAINING INSTITUTE

DATE

### PARENT/GUARDIAN SIGNATURE

The agency has permission to contact my school/training institution to verify the information on this form. Additionally, I certify that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY** (see Title 5, §18087(a-b(1-5)))