

**TRAINING VERIFICATION -
 PARENT OR CARETAKER ATTENDING
 SCHOOL OR RECEIVING TRAINING**

Please print or type information.

DATE

INSTRUCTIONS

Determining eligibility for child development services requires that the parent or caretaker do the following:

1. Complete all information requested.
2. When completed, take this form to the school or organization where the training or education will be received.
3. Request that the registrar (or his/her designee) verify the training plan as described by signing and stamping this form.
4. Return this form within two weeks to the agency that will provide the child development services listed below.

AGENCY
Stanislaus County Office of Education/Child/Family Services/Alternative Payment Programs
1324 Celeste Drive, Modesto, CA 95355 (209)238-6300 FAX (209)238-6499

PARENT OR CARETAKER'S NAME (last, first, middle)		TELEPHONE NO. ()
STREET ADDRESS	CITY	ZIP CODE

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
PROFESSIONAL OR VOCATIONAL GOALS		

CLASS SCHEDULE (if applicable)

	DAY	TIME	ROOM NO.	COURSE NAME	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

SIGNATURE OF PARENT OR CARETAKER	DATE
SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION	DATE