

**EDUCATIONAL PROGRAMS OR VOCATIONAL TRAINING VERIFICATION
FOR PARENT OR CARETAKER ATTENDING EDUCATIONAL PROGRAMS
OR RECEIVING VOCATIONAL TRAINING**

AGENCY NAME			DATE
STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER
PARENT NAME		SIGNATURE	
STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER

Training/Education Information

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED			
STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER

Complete One of the Following

- ☐ Attached is the parent's course printout form from the educational programs or training institute.
or
☐ Below is the parent's class schedule with the signature or stamp of the Educational Programs or Training Institution's Registrar office.

DAY	TIME	COURSE NAME

SIGNATURE OR STAMP OF THE EDUCATIONAL PROGRAMS OR TRAINING INSTITUTION'S REGISTRAR
DATE OF SIGNATURE OR STAMP _____