

VOCATIONAL TRAINING VERIFICATION

Date: ____ / ____ / ____

To whom it may concern,

The individual named below is a student at your institution and has applied for day care services. To determine eligibility for such services, it is necessary to document his/her attendance at your program. In addition, it is necessary for us to know the amount and purpose of any stipends, grants and/or loans which the student may be receiving. Complete all the information detailed below and return this form to the trainee/student. Please note student's signature request below, authorizing release of this information.

This is to certify that I approve of the release of the above requested information.

Signature of Trainee/Student: _____

Name and Address of Institution

INSTITUTION NAME		
STREET ADDRESS	CITY	ZIP

Name and Address of Trainee/Student

NAME		CA CATEGORY/CASE NO.	
STREET ADDRESS	APT NO.	CITY	ZIP

Course Information

COURSE OF STUDY	VOCATIONAL OBJECTIVE
ENROLLMENT: START DATE ____ / ____ / ____	ENROLLMENT END DATE ____ / ____ / ____
IS THERE A BREAK OF MORE THAN 2 WEEKS DURING THIS ENROLLMENT PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF "YES", BREAK DATES ARE: START ____ / ____ / ____ END ____ / ____ / ____	
PROJECTED FINAL COMPLETION DATE: ____ / ____ / ____	SUMMER ATTENDANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

Student's daily attendance:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM						
TO						

TOTAL HOURS/WEEK STUDENT ATTENDS: _____ CREDITS CURRENT SEMESTER: _____

IS STUDENT PURSUING A DEGREE? YES NO IF "YES", TYPE OF DEGREE: _____

IF THIS IS MORE THAN A 2 YEAR PROGRAM, WHAT IS LENGTH OF REMEDIATION? (I.E.: ABE, ESL, GED) _____ NONE

Stipends, Grants and Loans

Student is receiving financial aid at this institution, From: ____ / ____ / ____ Thru: ____ / ____ / ____.

TYPE OF AID	AMOUNT	SCHOOL	STUDENT	TYPE OF AID	AMOUNT	SCHOOL	STUDENT
TAP				CARFARE			
PELL				LUNCH			
COLLEGE WORK STUDY				CHILD CARE			
NSDL				BOOKS/SUPPLIES			

Child care requested for children listed here:

NAME	BIRTH DATE	NAME	BIRTH DATE
1.		3.	
2.		4.	

Preparer's Signature: _____

Title: _____ +

Phone No.: _____ Date: ____ / ____ / ____

OFFICIAL INSTITUTION STAMP