



Educational (School/Training) Verification Form

Important: Please do not alter, strike through, or use white-out on any form. If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services. Enrollment in a Master's Degree program does not qualify as a purpose of care.

SECTION I- TO BE COMPLETED BY PARENT/GUARDIAN (STUDENT)

Parent/ Guardian Printed Name: _____ SSN: (optional) _____

I give permission for my school/ training institute to release the following information to the Early Learning Coalition of Orange County.

Parent/Guardian Signature: _____ Date: _____

SECTION II- TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL OR TRAINING INSTITUTE:

In order to determine the eligibility for School Readiness (child care assistance) program, we must verify school enrollment in an accredited education institution for the above named individual. Section II below must be completed by an authorized representative of the school or training institute.

1. Student's Name _____ ID# _____

2. Student's Address _____

3. Type of program in which the student is currently enrolled (check one):

- GED program
 Secondary education program
 Technical or Vocational program
 Associate of Arts/Science
 Bachelor of Arts/Science

4. Days of Attendance: **MON** From ____ To ____ **SAT** From ____ To ____

TUE From ____ To ____ **SUN** From ____ To ____

WED From ____ To ____

THU From ____ To ____ Course Semester Begins: ____/____/____

FRI From ____ To ____ Course Semester Ends: ____/____/____

5. **IN-PERSON COURSES:** Number of Hours Student is Currently Enrolled: _____ Clock Hours _____ Credit Hours

6. **ONLINE COURSES:** Number of Hours Student is Currently Enrolled: _____ Clock Hours _____ Credit Hours

7. Estimated **weekly** number of hours of direct education activities, including class, lab, internship, and study time, as well as any other related activities for the current course load: _____

8. Name of School/Training Institute: _____

Address of School/Training Institute: _____

9. Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative Date Phone Number of Authorized Representative

Official Seal (As Applicable)