

TRAINING VERIFICATION

-INSTRUCTIONS-

Determining eligibility for Full-Day services requires that the parent/guardian do the following:

1. Submit a school schedule printout for the time period in which you are requesting Head Start/Early Head Start services. If a printout is provided you do not need to complete and submit this form.
 - a. If a class schedule/training schedule cannot be printed from a student profile or online institution, the parent/guardian can submit a Training Verification to the educational institution.
 - b. Take this form to the school/institution/organization where the education/training is being received. Request that the institution complete and verify by signing and stamping this form.
2. Must be currently registered and not waitlisted to count toward eligibility.
3. Return this form to the Head Start staff where the application is being completed.

I _____, give the School/Institution/Organization listed below authorization to release this information to the center listed below.

Name of School/Institution/Organization _____ School ID (if known) _____

Signature of Parent/Guardian _____ Date _____

Head Start/Early Head Start Center Name _____

Head Start Staff assisting in completing the application _____ Phone Number _____

Address: _____

Email Address: _____ Fax Number: _____

TRAINING VERIFICATION

Name of school/Institution/Organization where education/training received: _____

Address (Street, City, Zip Code) & Phone Number: _____

Date this term began: _____ Date this term ends: _____

Anticipated completion for education/training: _____

Days & number of hours attending:

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Check if online courses

This student is enrolled in _____ units this term (if applicable)

Please attach a copy of the class schedule, contract or training hours (If available)

Signature & Stamp of Registrar of School/Institution/Organization _____ Date _____

STAFF USE ONLY

Staff Name/Site: _____
 Adult Participant (if applicable): _____ DOB: _____
 Child's Name: _____ DOB: _____
 Child's Name: _____ DOB: _____
 Date Received from Institution: _____

This verification expires at the end of each semester or as indicated by the Institution