Stanislaus County Office of Education
Scott Kuykendall, Superintendent

Child & Family Services
Tony Jordan, Executive Director
1325 H Street • Modesto, CA 95354 • (209) 238-6300 FAX (209) 238-4217

EDUCATIONAL PROGRAM VERIFICATION

Educational Program Verification form & class schedule is required at the time of initial certification or recertification. To increase days and/or hours between certification periods, a new Need Verification & Request to Change Services form is needed. Note: **Increases in days/hours will not be backdated.**

PARENT/GUARDIAN INFORMATION

Parent/Guardian First and Last Name (Print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

I am engaged in the following program and/or classes that began on _____

- ☐ Educational program for English Language Learners
- ☐ Program to obtain a High School Diploma
- ☐ Program to obtain a High School Equivalency Certificate

Stanislaus County Office of Education **has permission to contact my education institution** to verify my information.

Parent/Guardian Signature _____ Date _____

EDUCATION PROGRAM SCHOOL/INSTITUTION INFORMATION

Name of School/Institution where Education is Received _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

STUDY TIME REQUEST

If needed, you may request study time. Indicate one of the below:

- ☐ I do not need childcare services for study time
- ☐ I would like to request study time for the following days and times: _____.
  If available, attach documentation of the schools recommended study time. *(Example: Mon & Wed 1pm-3pm)*

CLASS SCHEDULE VERIFICATION

Complete **ONE** of the following to verify your current class schedule:

- ☐ Attached is an electronic printout of the student's class schedule from the education program school/institution, **or**
- ☐ Below is the student's class schedule with the signature and/or stamp of the School/Institution Registration office.

Day	Time	Room #	Course Name	Estimated Weekly Study Time
Signature and/or Stamp from the School/Institution Registrar				
Date of Signature and/or Stamp				

In order to provide childcare services for travel time, please complete the request below. **Specify** the length of time it takes to travel one way to your school site:_____ Explain why you need additional travel time to and from your school site: _____

OFFICE USE ONLY

Date	Staff Initials	Approved Class Time (Based on Class Schedule)	Approved Study Time (Check with school to determine reasonable hours)	Approved Travel Time (Time needed to & from services & school. Not to exceed ½ of the weekly class hours with a max of 4 hours per day)