

A.C.C.E.S.S.

A Child Care & Education Services System Child Care Subsidy Programs

☐ 1850 Wardrobe Avenue
Merced, CA 95341
(209) 381-6790
FAX: (209) 381-6799

☐ 110 W.G Street, Ste C
Los Banos, CA 93635
(209) 827-5694
FAX: (209) 827-5693

SCHOOL/TRAINING VERIFICATION

PARENT OR CARETAKER ATTENDING SCHOOL OR RECEIVING TRAINING

SECTION A

PARENT/GUARDIAN INFORMATION

PARENT OR CARETAKER'S NAME (LAST, FIRST, MIDDLE)		TELEPHONE ()
STREET ADDRESS	CITY	ZIP CODE
PROFESSIONAL OR VOCATIONAL GOALS (EXAMPLES: TO BECOME A REGISTERED NURSE OR TO BECOME AN ADMINISTRATIVE ASSISTANT)		

SECTION B

TRAINING/EDUCATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED		TELEPHONE ()
STREET ADDRESS	CITY	ZIP CODE
DATE THIS TERM BEGAN	DATE THIS TERM ENDS	ANTICIPATED COMPLETION DATE FOR TRAINING/EDUCATION

SECTION C

CLASS SCHEDULE

	DAY	TIME	COURSE NAME	UNITS
1.				
2.				
3.				
4.				

Attach an electronic print-out of your current class schedule from the training institution where the training/education will be received.

Note: For online classes you must also specify days/hours each week you will be participation in the class, website address, and attach a copy of the class syllabus. Maximum 1 hour per week per unit.

SECTION D

STUDY TIME (To be completed by the student)

If needed, you may request study time. Please specify the study schedule for each day: (Example: M 1pm – 3pm)

S	M	T	W	Th	F	S
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SECTION E

SIGNATURES

A.C.C.E.S.S. has permission to contact my training institution to verify information on this form.

SIGNATURE OF PARENT OR CARETAKER	DATE
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I certify that the above information about the student is true and correct.

SIGNATURE OR STAMP OF REGISTRAR OF SCHOOL/ORGANIZATION (NOT REQUIRED IF ELECTRONIC SCHEDULE IS ATTACHED)	DATE
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REMINDERS

- Upon completion of a quarter, semester, or training period, as applicable, submit a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that you are making progress towards the attainment of your vocational goal. (Submit no more than 10 calendar days after progress reports are released).
- Completed Training Verification Forms must be submitted two weeks prior to the start of each training period.

(FOR OFFICE USE ONLY)

Date Reviewed

Staff Signature

Merced County Office of Education • Steve M. Tietjen, Ed.D., Superintendent • 632 W. 13th Street • Merced, CA 95341

www.mcoe.org

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