

Student Name: _____

School Site: _____

TRAINING VERIFICATION

Training Verification form & class schedule is required at the time of initial certification. **At the time of recertification**, progress documentation is also required. To increase days and/or hours between certification periods, new Training Verification & Request to Change Services forms are 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 want to become a _____ by _____
Professional/Vocational Goal (Examples: Nurse, Welder, Cook, etc....) Anticipated Completion Date

Fresno Unified School District **has permission to contact my training institution** to verify my information.

Parent/Guardian Signature _____ Date _____

TRAINING/EDUCATION INSTITUTION INFORMATION

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

Street Address _____ City _____ Zip Code _____

This term/semester/quarter begins on _____ and ends on _____
Term Start Date Term End Date

STUDY TIME REQUEST

If needed, you may request study time for a maximum of 2-3 hours per academic unit. Indicate one of the below:

- I do not need child care services for study time
- I would like to request study time for the following days and times: _____
(Example: Mon & Wed 1pm-3pm)

PROGRESS VERIFICATION

Complete **ONE** of the following:

- Initial Certification or New Student:** No records are needed at this time
- Recertification:** Attach copy of report card, transcript or other training records from the most recently completed quarter, semester or training period showing progress

CLASS SCHEDULE VERIFICATION

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

- Attached is an electronic printout of the parent/guardian's course from the training organization
- Below is the parent/guardian's class schedule with the signature and/or stamp of the Registrar's office.

Day	Time	Room #	Course Name	Units	Credits
Signature and/or Stamp from the Training Institutions Registrar					
Date of Signature and/or Stamp					

OFFICE USE ONLY

Date Verified	Verified With	Staff Initials	Notes (Verify adequate progress at recertification, 6-year maximum timeline and parent has not exceeded BA +24 units)