



Alameda County Pilot Program School or Training Verification

(01/17)

AGENCY:

4Cs of Alameda County, 8105 Edgewater Drive Suite 270, Oakland CA 94621

Please print or type information. Please make sure all sections are completed.

PARENT/GUARDIAN INFORMATION

| | |
|------------------------|-------------------------|
| PARENT/GUARDIAN'S NAME | TELEPHONE NO. () |
|------------------------|-------------------------|

| | |
|---------|-----------------|
| ADDRESS | CITY / ZIP CODE |
|---------|-----------------|

PROFESSIONAL OR VOCATIONAL GOALS (examples: To become a Registered Nurse. To become an Administrative Assistant)

| | |
|---|------------------------------------|
| <input type="checkbox"/> I am requesting study time. <input type="checkbox"/> I am requesting travel time. | Anticipated Completion Date: _____ |
|---|------------------------------------|

EDUCATION/TRAINING INFORMATION

| | |
|---|-------------------------|
| NAME OF SCHOOL OR ORGANIZATION WHERE EDUCATION/TRAINING IS RECEIVED | TELEPHONE NO. () |
| ADDRESS | CITY / ZIP CODE |

SCHEDULE

Attached is the parent/guardian's course printout form from the school/training institute. *Printout must include parent/guardian's name, class schedule, units, semester dates.* No signature and stamp required from the Registrar's Office.

OR

Below is the parent/guardian's class schedule **WITH signature and stamp from the Registrar's Office.**

Class Schedule

| | DAY | TIME | ROOM NO. | COURSE NAME | UNITS |
|----|-----|------|----------|-------------|-------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

SIGNATURE AND STAMP OF REGISTRAR OF SCHOOL/TRAINING INSTITUTE

DATE

PARENT/GUARDIAN SIGNATURE

The agency has permission to contact my school/training institution to verify the information on this form. Additionally, I certify that the above information is true and correct.

Signature: _____ Date: _____

STAFF USE ONLY (see Title 5, §18087(a-b(1-5)))