

Training Verification –Parent or Caretaker Attending School or Receiving Training

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|---|--|---------------|--------------------|--------------|
| Date | | | | |
| Agency Name, Street Address, City, ZIP Code, and Phone Number Los Angeles Trade-Technical College Child Development Center 400 W. Washington Blvd. Los Angeles, CA 90015 (213) 763-3690 | Parent Name, Street Address, City, ZIP Code, and Phone Number Signature _____ | | | |
| Training/Education Information | | | | |
| Profession/Vocational Goal (Not Academic Goal) (E.g. Vocational Goal is to become a teacher.) (E.g. Academic Goal is to obtain Degree or Certificate) | | | | |
| Name of School or Organization where training/education is received | Phone Number | | | |
| Street Address, City, Zip Code | Anticipated Completion Date for Training/Education | | | |
| Date this Term Began | Date this Term Ends | | | |
| Complete One of the Following | | | | |
| <input type="checkbox"/> Attached is the parent's course printout form from the training institute. or <input type="checkbox"/> Below is the parent's class schedule with the signature and stamp of the Registrar's office. | | | | |
| Class Schedule (if applicable) | | | | |
| Day | Time | Room # | Course Name | Units |
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| Signature and Stamp of Registrar of School/Organization | | | | |
| Date of Signature and Seal | | | | |