

Training Verification –Parent or Caretaker Attending School or Receiving Training

Date				
Agency Name, Street Address, City, ZIP Code, and Phone Number			Parent Name, Street Address, City, ZIP Code, and Phone Number	
ASI CSUDH Child Development Center 1000 E. Victoria Street Carson, CA 90747 310-243-1015			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
Signature and Stamp of Registrar of School/Organization				
Date of Signature and Seal				