

Training Verification –Parent or Caretaker Attending School or Receiving Training

Date				
Agency Name, Street Address, City, ZIP Code, and Phone Number United Families, Inc. 1561 S. 4 th Street El Centro, CA 92243	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
Signature and Stamp of Registrar of School/Organization 				
Date of Signature and Seal				