



EDUCATIONAL PROGRAM VERIFICATION



PARENT/GUARDIAN INFORMATION

Parent/Guardian First and Last Name (Print)

Phone Number

Street Address

City

Zip Code

I am engaged in the following:

- Educational program for English as a Second Language (ESL)
- Program to obtain a High School Diploma
- Program to obtain a High School Equivalency Certificate

Child Development Consortium of Los Angeles **has permission to contact my education institution** to verify my information.

Parent/Guardian Signature

Date

EDUCATION PROGRAM SCHOOL/INSTITUTION INFORMATION

Name of School/Institution where Education is Received

Phone Number

Street Address

City

Zip Code

Student will begin classes on _____
Start Date

CLASS SCHEDULE VERIFICATION

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

- Attached is an electronic printout of the student's class schedule from the education program school/institution, **or**
- Below is the student's class schedule with the signature and/or stamp of the School/Institution Registration office.

Day	Time	Course Name
Signature and Stamp from the School/Institution Registrar		Date

Date Approved	Staff Initials	Notes