



Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 • Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

EDUCATIONAL PROGRAM VERIFICATION

Educational Program Verification form & class schedule is required at the time of initial certification. **At the time of recertification**, progress documentation is also required. To increase days and/or hours between certification periods, a new Educational Program Verification and Request for Change Services form is needed. Note: **Increases in days/hours will not be backdated**

PROGRESS VERIFICATION - Complete **ONE** of the following:

- Initial Certification or New Student:** No records are needed at this time.
- Recertification:** Attach copy of report card, transcript or other training records from the most recently completed quarter, semester or training period showing progress.

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian First and Last Name (Print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

I am engaged in the following:

- Educational program for ELL/ESL
- Program to obtain a High School Diploma
- Program to obtain a GED

Family Support Services **has my permission to contact my education institution** to verify my information.

Parent/Guardian Signature _____ Date _____

STUDY TIME REQUEST - If available, attach documentation of the schools recommended study time.

If needed, you may request study time for a maximum of 2 hours per academic unit. Indicate one of the below:

- I do not need child care services for study time.
- I would like to request study time for the following days and times: _____
(Example: Mon & Wed 1pm-3pm)

SECTION TO BE COMPLETED BY EDUCATIONAL PROGRAM OFFICIAL

Name of School/Institution where Education is Received _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

CLASS SCHEDULE VERIFICATION Complete **ONE** of the following to verify current class schedule:

- Attached is an electronic printout of the parent/guardian's course from the training institution.
- Below is the student's class schedule with the signature and/or stamp of the School/Institution Registration office.

	Day(s) of week	Time of Class	Course Name	Est. Weekly Study Time
1.				
2.				
3.				
4.				
5.				

Signature and/or Stamp from the Training Institution Registrar _____ Date _____