

Montgomery County Department of Job and Family Services

1111 S. Edwin C. Moses Blvd.

Dayton, Ohio 45422

SCHOOL - TRAINING VERIFICATION

Child Care Unit

If you have any questions about how to complete this form or about the information requested, please contact the **Child Care Unit** at the numbers listed below:

Phone:	FAX:	Due Back by:	Re: Student/Trainee:
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Release of Information:

I hereby authorize the release of the following information to the Montgomery County Department of Job and Family Services. I also give my permission to the Department to make whatever follow-up contacts are necessary to verify/clarify the information contained on this form.

Trainee's or Student's Signature:	Date signed:	Social Security Number:
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The following is to be completed by the School/Training Program Personnel only:

Name of Education Institute/Training Program:								
Street Address:								
City:				State:		Zip:		
~ The Student/Trainee is not currently enrolled. ~ The Student/Trainee is currently enrolled for term or program.				Student's field of study:				
Date Term or program begins/began:		Expected date of graduation from school or completion of training or GED:						
Date Term or program is scheduled to end:		If enrolled in school/program prior to this date, what is the percentage of classes attended?			Grade Point Average:		Grade Level:	
Date Student/Trainee expected to report to class:		If attending high school, number of credits earned to date:			Grade Point Average:		Grade Level:	
On graduation, student will receive:								
~ High School Diploma		~ Certification of Completion		~ Bachelor's Degree		~ License for:		
~ GED Equivalency Diploma		~ Associate's Degree		~ Doctorate		~ Other: <i>(please describe)</i>		
Student is usually in class/training on:		MON	TUE	WED	THU	FRI	SAT	SUN
Class/Training Day BEGINS :								
Class/Training Day ENDS :								
Date when school/training will not be in session (i.e. Holidays), during period above, are:								
Name of person completing this form:						Phone:		
Title/Position:						Date:		

For Employment Related to Training Program

Please Complete the Following Work Site Information:

Name of Organization:		Phone:	
Address of Work Site:		Hourly Rate of Pay:	
Days and Hours Employed:		Starting Date:	Ending Date:
Name of person completing this form:		Title:	
School or Organization:		Phone:	