



PLUMAS RURAL SERVICES

Serving People, Strengthening Families, Building Communities

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TRAINING VERIFICATION

INSTRUCTIONS:

Please complete the parent/caregiver information. Take this form to the registrar of your school or training organization. Request the registrar to complete the form, sign it, and stamp it. Return this form by your deadline date or at least **TWO WEEKS before term begins**.

PARENT OR GUARDIAN, PLEASE COMPLETE:

Parent or Guardian Name: _____ Home Phone: _____

Address: _____
Street and Number City Zip Code

LIST GOAL (Job after Completion): _____

TO BE COMPLETED BY SCHOOL OR TRAINING OFFICIAL:

School/Organization where training/education is received:

Name: _____ Phone Number: _____

Address: _____
Street and Number City Zip Code

Date this term began: _____ Date this term ends: _____

Anticipation date of this completion for training /education: _____

Class Schedule or Training Schedule:

	DAY(S)	TIME	AM	PM	COURSE NAME	COURSE #	UNITS
1							
2							
3							
4							
5							
6							

Signature and stamp of Registrar or school or organization

Date

I certify under penalty of perjury that the contents of the above are true and correct to the best of my knowledge. I understand I am required to report to my Child Care Specialist all information which affect my student status and that I will be terminated for not reporting any changes.

Signature of Parent/Guardian

Date