PARENT EDUCATION/TRAINING DOCUMENTATION

(Form must be completed by the educational institute)

Name of Student: _____

Name of School and/or Training Program: _____

Semester Start Date: _____ Semester End Date: _____ Current Credit Hours: _____

Is the student enrolled in a program that is different from a traditional "semester" (i.e. modules, etc.)?   Yes   or   No
If yes, please attach module schedule.

Student status: (circle one)   full time   or   part time

Are any of the student's credit hours online? If so, how many _____

Is the student required to participate in extra educational activities outside of scheduled classroom hours (i.e. clinicals, externships, labs, study groups, etc.)?

Please explain: _____

_____

School Location: _____

City:_____State:_____Zip Code: _____

Contact Person: _____ Phone: _____
                          (please print)

Please complete the information below **AND** attach an official class schedule including hours and days of attendance.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
SCHEDULE							
SCHEDULE							

_____   _____
Staff Signature   Date

Official School/Training Seal: