



# 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:**

