

ACD 1082 REVISED 6/93	THE CITY OF NEW YORK HUMAN RESOURCES ADMINISTRATION AGENCY FOR CHILD DEVELOPMENT	VOCATIONAL TRAINING VERIFICATION	DATE _____
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TO WHOM IT MAY CONCERN:
 THE INDIVIDUAL NAMED BELOW IS A STUDENT AT YOUR INSTITUTION AND HAS APPLIED FOR DAY CARE SERVICES. TO DETERMINE ELIGIBILITY FOR SUCH SERVICES, IT IS NECESSARY TO DOCUMENT HIS/HER ATTENDANCE AT YOUR PROGRAM. IN ADDITION, IT IS NECESSARY FOR US TO KNOW THE AMOUNT AND PURPOSE OF ANY STIPENDS, GRANTS, AND/OR LOANS WHICH THE STUDENT MAY BE RECEIVING. COMPLETE ALL THE INFORMATION DETAILED BELOW AND RETURN THIS FORM TO THE TRAINEE/STUDENT. PLEASE NOTE STUDENT'S SIGNATURE REQUEST BELOW, AUTHORIZING RELEASE OF THIS INFORMATION.

THIS IS TO CERTIFY THAT I APPROVE OF THE RELEASE OF THE ABOVE-REQUESTED INFORMATION.

SIGNATURE OF TRAINEE/STUDENT _____

NAME AND ADDRESS OF INSTITUTION

INSTITUTION NAME _____
 STREET ADDRESS _____ CITY _____ ZIP _____

NAME AND ADDRESS OF TRAINEE/STUDENT

NAME _____ PA CATEGORY/
 CASE NUMBER _____
 STREET ADDRESS _____ APT. NO. _____ CITY _____ ZIP _____

COURSE INFORMATION

COURSE OF STUDY _____ VOCATIONAL OBJECTIVE _____
 ENROLLMENT START DATE _____ ENROLLMENT END DATE _____
 IS THERE A BREAK OF MORE THAN 2 WEEKS DURING THIS ENROLLMENT PERIOD? YES NO
 IF "YES", BREAK DATES ARE: START _____ END _____
 PROJECTED FINAL COMPLETION DATE: _____ SUMMER ATTENDANCE? YES NO UNKNOWN

STUDENT'S DAILY ATTENDANCE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM						
TO						

TOTAL HOURS/WEEK STUDENT ATTENDS: _____ CREDITS CURRENT SEMESTER: _____

IS STUDENT PURSUING A DEGREE? YES NO IF "YES", TYPE OF DEGREE _____
 IF THIS IS MORE THAN A 2-YEAR PROGRAM, WHAT IS LENGTH OF REMEDIATION?
 (I.E.: ABE, ESL, GED) _____ NONE

STIPENDS, GRANTS, AND LOANS

STUDENT IS RECEIVING FINANCIAL AID AT THIS INSTITUTION FROM _____ THRU _____

TYPE OF AID	AMOUNT	SCHOOL	STUDENT	TYPE OF AID	AMOUNT	SCHOOL	STUDENT
TAP				CARFARE			
PELL				LUNCH			
COLLEGE WORK STUDY				CHILD CARE			
NSDL				BOOKS/SUPPLIES			

CHILD CARE REQUESTED FOR CHILDREN LISTED HERE:

NAME	BIRTH DATE	NAME	BIRTH DATE
1.		3.	
2.		4.	

PREPARER'S SIGNATURE _____
 TITLE _____
 PHONE NO. _____ DATE _____

OFFICIAL INSTITUTION STAMP