

Alameda County Pilot Program Educational (§18086.6) or Vocational (§18087) Documentation (REV. JAN 2022)

AGENCY: _____

Please print or type information. Please make sure all sections are completed.

PARENT/CARETAKER INFORMATION

PARENT/CARETAKER'S NAME		TELEPHONE NO. ()
ADDRESS	CITY / ZIP CODE	

I am requesting study time. (Study time, including online & televised classes, is 2 hours per week per academic unit enrolled. For non-academic unit classes, contractor shall determine the hours approved for study time but study hours may not exceed the number of class hours per week.)

I am requesting travel time. (Travel time to and from the location of the educational/vocational program, based on actual travel time needed, not exceed a maximum of four hours per day.)

EDUCATIONAL / VOCATIONAL INFORMATION

NAME OF INSTITUTION	TELEPHONE NO. ()
ADDRESS	CITY / ZIP CODE

SCHEDULE

- Attached is an electronic print-out of current class schedule from an educational program or training institution.
- When electronic print-out is not available, attached is a document that includes all the following requirements:

When enrolled in:	When enrolled in:
Educational Program (ELL/ESL &/or GED/HSE)	Vocational Training
<ul style="list-style-type: none"> • Classes currently enrolled • Days & times of the week of the classes • A registration confirmation from the educational program. 	<ul style="list-style-type: none"> • Classes currently enrolled • Days & times of the week of the classes • The signature or stamp of the training institution's registrar.

PARENT/CARETAKER SIGNATURE

The agency has permission to contact the institution to verify the information on this form. Additionally, I attest and declare under penalty of perjury and the laws of California that the information provided is true and correct.

Signature of Parent/Caretaker _____ Date _____

Child(ren) Name(s) _____

STAFF USE ONLY (see Title 5, §18086.6, 18087)