

# Training Verification Form

(To be completed by School or Training Institution)

*This form only needs to be completed if you are enrolled in high school or high school equivalency.*

Student Name: \_\_\_\_\_

Case #: \_\_\_\_\_

## To: Administration Office of School

This is your authorization to release the information concerning my enrollment in training as required below. To establish eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of enrollment and/or attendance is required. Please complete the appropriate section of this form as soon as possible. It is required before I can be determined eligible for the program. Your cooperation and prompt return of this information is appreciated.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

(TO BE COMPLETED BY SCHOOL OR TRAINING INSTITUTION)

Training Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Is the above student enrolled for the current semester?  Yes  No

If no, please explain: \_\_\_\_\_

Is the student attending school regularly and working towards a successful completion?  Yes  No

(MUST BE SIGNED BY SCHOOL OR TRAINING INSTITUTION STAFF)

\_\_\_\_\_  
Person Completing This Form (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Please return form to:

Workforce Solutions Northeast Texas  
Child Care Services  
1702 Hampton Rd, Texarkana, TX 75503  
Phone: (903) 794-8999  
Fax: (903) 794-8012  
Email: [ccs@networks.org](mailto:ccs@networks.org)

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