



2300 SW 17<sup>th</sup> Rd  
Ocala, FL 34471  
P: 352-369-2315 F: 352-369-2308  
[www.elc-marion.org](http://www.elc-marion.org)

**PARENT EDUCATION/TRAINING VERIFICATION**  
**(Form must be completed by an Accredited Educational Institution)**

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

Name of School/Training Program: \_\_\_\_\_

School Location: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_ 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? Yes \_\_\_\_\_ (or) No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_

Is the Student required to participate in extra educational activities outside of schedule classroom hours  
(i.e. clinical, externships, internships, labs, study groups, etc.)? Yes \_\_\_\_\_ (or) No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**PLEASE ATTACH AN OFFICIAL CLASS SCHEDULE INCLUDING CLASS HOURS AND DAYS OF ATTENDANCE**

**Please check the student educational activity as a purpose for care:**

GED \_\_\_\_\_ Secondary Education Program \_\_\_\_\_ Technical or Vocational Program \_\_\_\_\_

Associate of Arts \_\_\_\_\_ Associate of Science \_\_\_\_\_ Bachelor of Arts \_\_\_\_\_

Bachelor of Science \_\_\_\_\_ Other \_\_\_\_\_ Please Explain \_\_\_\_\_

\_\_\_\_\_  
Printed Name of School Official Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official Completing Form

\_\_\_\_\_  
Phone Number

**Official School/Training Seal:**

