(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.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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Staff Signature ___________________________________  Date __________________

Official School/Training Seal: ______________________

EARLY LEARNING COALITION of Brevard County, Inc.
Rockledge Office  PO Box 560692, Rockledge, FL 32956  Phone: 321-637-1800 Fax: 321-637-1897
Melbourne Office  2671 W Eau Gallie Blvd. Ste 102, FL 32935  Phone: 321-637-1800 Fax: 321-752-3294

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