[redacted]

Minor's Information

Minor's Name *(First and Last)* | Home Phone Number | DOB

Home Address | City | Zip Code

School Site | School Phone Number | Student School ID

Local Education Agency Information

LEA Name | (626) 444-9005 LEA Phone Number

LEA Address | City | Zip Code

List Education Program for this Placement:

[redacted]

Business Phone Number

City | Zip Code

[redacted]

Parent/Guardian's Name | Parent/Guardian's Signature | Date

Student's Name | Student's Signature | Date

In compliance with Education Code subject to certain exceptions, during the education unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.

I hereby certify that, to the best of my knowledge, the information hereon is correct and true.

Date

Authorizing Personnel's Name and Title | Authorizing Personnel's Signature

Parent or Legal Guardian