ATTENDING MULTIPLE SCHOOLS FORM

Participant Name/Address:	GAIN Regional Office Address:			
	GSW Name:	File #:		
	Phone Number:	Fax Number:		
(Component Code & Session Type)	GSW Email:			
Primary School/Institution Name:	Case Number:	Date:		

Turn in this completed form to your GAIN Services Worker by:_

SECTION A: TO BE COMPLETED BY THE PARTICIPANT

I authorize my school/institution to release the following information to the County of Los Angeles, Department c	of
Public Social Services.	

Participant Signature:	Telephone Number:	Date:

Please give this form to your additional school or institution for completion.

SECTION B: TO BE COMPLETED BY THE GSW

Attach a copy of the GN 6014, GAIN Vocational Assessment Summary and Employment Plan for all Post-Assessment activities.

SECTION C: TO BE COMPLETED BY THE ADDITIONAL SCHOOL or INSTITUTION

You have been identified, by the above student, as his/her additional school/institution. In addition to taking courses in the assigned or approved school, the student is also taking a course(s) in your school that may satisfy the student's welfare-to-work requirements. Your assistance is needed in completing this form.

(Name of Additional School/Institution):				 Official School/Institution Stamp 		
Program/Course(s) :						
Start Date: Month/Day/Year	Expected End Date: Mo	onth/Day/Year	Scheduled Hou		_	
Print Name of School/Institution Official Completing Form:		Title of School/Institution Official Completing Form:				
Telephone Number:		Email:				
Fax Number:	Signature of School/Institution Official Completing Form.		Dote:			