



Lisette Estrella-Henderson, Superintendent of Schools

Solano County Office of Education  
 Career Technical Education/Workforce Development  
 2460 Clay Bank Road  
 Fairfield, California 94533

Phone (707) 399-4800

Last Name:		First Name:		Middle Initial:	Birth Date: _____ Month      Day      Year			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:      Number      and      Street		Apt. #:	City:			State:	Zip code:		
Home Phone:  (    )				Cell/Alternate Phone:  (    )					

Email Address:

Paraeducator (30 hour class)

**Program space is limited.**

Solano County Office of Education's Career Technical Education/Workforce Development assumes no responsibility or liability for student transportation. Transportation to and from CTE/Workforce Development classes are the responsibility of the student and/or parent. Liability rests with the person providing the transportation. **It is your responsibility to notify the CTE/Workforce Development office of any address or phone number changes.** No person shall be excluded from participation in this program based upon his or her protected status, including but not limited to sex, race, religion, disability, age, sexual orientation, or origin.

Applicants in industries requiring licensing are advised that completion of the Solano County Office of Education Career Technical Education/Workforce Development program may be only one aspect of qualifying for a license in order to be employed or participate in specific occupations. Additional practical experience, physical and written examination and background checks may also be required for licensure or employment depending upon the industry. Licensing agencies in certain industries may inquire into an applicant's criminal history to ensure the applicant does not have criminal convictions that preclude the applicant from being licensed. In addition, as part of the training program for specified courses, students may be required to participate in internships with employers or agencies that may additionally conduct health, criminal and/or background screening as a condition of participation.

**By signing below, applicant confirms that he or she has read and understood this information and has had the opportunity to review applicable licensing requirements, if any. Applicant understands that he or she is solely responsible for ensuring that he or she can meet course and licensing requirements.**

Signature:	Date:
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