

Training Verification –Parent or Caretaker Attending School or Receiving Training

Date				
Agency Name, Street Address, City, ZIP Code, and Phone Number Olive Tree Learning Academy, Inc. 1318 S. Berendo Street Los Angeles, CA 90006 (213)378-0512	Parent Name, Street Address, City, ZIP Code, and Phone Number Signature _____			
Training/Education Information				
Profession/Vocational Goal (Not Academic Goal) (E.g. Vocational Goal is to become a teacher.) (E.g. Academic Goal is to obtain Degree or Certificate)				
Name of School or Organization where training/education is received	Phone Number			
Street Address, City, Zip Code	Anticipated Completion Date for Training/Education			
Date this Term Began	Date this Term Ends			
Complete One of the Following				
<input type="checkbox"/> Attached is the parent's course printout form from the training institute. or <input type="checkbox"/> Below is the parent's class schedule with the signature and stamp of the Registrar's office.				
Class Schedule (if applicable)				
Day	Time	Room #	Course Name	Units
Signature or Stamp of Registrar of School/Organization				
Date of Signature and Seal				