

**Training Verification –Parent or Caretaker Attending School or Receiving Training**

<b>Date</b>				
<b>Agency Name, Street Address, City, ZIP Code, and Phone Number</b>  Olive Tree Learning Academy, Inc. 1318 S. Berendo Street Los Angeles, CA 90006 (213) 315.5076	<b>Parent Name, Street Address, City, ZIP Code, and Phone Number</b>    <b>Signature</b> _____			
<b>Training/Education Information</b>				
<b>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)</b>				
<b>Name of School or Organization where training/education is received</b>	<b>Phone Number</b>			
<b>Street Address, City, Zip Code</b>	<b>Anticipated Completion Date for Training/Education</b>			
<b>Date this Term Began</b>	<b>Date this Term Ends</b>			
<b>Complete One of the Following</b>				
<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.				
<b>Class Schedule (if applicable)</b>				
<b>Day</b>	<b>Time</b>	<b>Room #</b>	<b>Course Name</b>	<b>Units</b>
<b>Signature or Stamp of Registrar of School/Organization</b>				
<b>Date of Signature and Seal</b>				