



Classical Educational Services The Classical School

P.O.Box 591 Lebanon, GA 30146
770.598.1458

APPLICATION

200___ - 200___ SCHOOL YEAR

STUDENT'S FULL GIVEN NAME _____

NAME CALLED _____ GRADE ENTERING (in a TYPICAL school) _____ Applying for Classical Class _____

BIRTHDATE ____/____/____ AGE (when classes begin in August- years/months) ____/____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PARENTS' NAMES _____ HOME PHONE # _____

FATHER'S EMPLOYER _____ WORK NUMBER _____

MOTHER'S EMPLOYER _____ WORK NUMBER _____

MOTHER'S CELL/ _____ FATHER'S CELL _____

HOME E-MAIL ADDRESS _____ WORK E-MAIL ADDRESS _____

Classical families you know: _____

Please turn over

