

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 NAI	ME				
NAME CALLED	GRADE ENTERING (in a TYPICAL school) Applying for Classical Class				
BIRTHDATE//	AGE (<mark>v</mark>	vhen classes beg	in 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		WO	RK E-MAIL ADDRESS _		
Classical families you know:					

Please turn over

Please briefly describe the following topics: (Feel free to continue answers on the back or on additional paper.)				
>	Your child's academic background			
>	Your child's hobbies, talents, interests, etc.			
>	Reasons you wish to enroll in Classical			
>	Any other information you think might be helpful	For us to know		
On a separ	rate page, please explain what Christianity means to	you (each parent).		
We have read and agree to abide by Classical's General Policy Statement.				
F	ather's Signature	Mother's Signature		

PLEASE return this Application with a check for the appropriate amount (\$100/child) to Classical Educational Services
P.O. Box 591 Lebanon GA 30146.