



Classical Educational Services

The Classical School

P.O. Box 591 Lebanon, GA 30146

770.592.0450

APPLICATION

200__ - 200__ SCHOOL YEAR

STUDENT'S FULL NAME _____

NAME CALLED _____ GRADE ENTERING _____

BIRTHDATE ____/____/____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PARENTS' NAMES _____ HOME PHONE # _____

FATHER'S EMPLOYER _____ WORK NUMBER _____

MOTHER'S EMPLOYER _____ WORK NUMBER _____

MOTHER'S CELL/PAGER # _____ FATHER'S CELL/PAGER# _____

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

Church Affiliation _____ Pastor's Name _____

Church Address and Phone Number _____

