

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	C	COUNTY	
PARENTS' NAMES			НОМЕ РІ	HONE #	
FATHER'S EMPLOYER			WORK NUM	BER	
MOTHER'S EMPLOYER	WORK NUMBER				
MOTHER'S CELL/PAGER #		FATHER'S CELL/PAGER#			
HOME E-MAIL ADDRESS	W	WORK E-MAIL ADDRESS			
Church Affiliation		Pastor's Name			
Church Address and Phone Numb	oer				

Please briefly describe the following topics:

and the second	estribe the following topics:
>	Your child's academic background
>	Your child's relationship with Jesus Christ
>	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
> We hav Stateme	On a separate page, please explain how you (each parent) came to Christ and what this relationship means to you now. The read and agree with Classical's Statement of Belief and agree to abide by Classical's General Policy and the contract of the contrac
Father's	S Signature Mother's Signature