

The Classical School

PARENT PROFILE

To help us get to know you better we would appreciate you filling out this parent profile. (Please feel free to photo copy this completed form if you have more than one child applying.) Thank you.

Family Name	Father's Name	Mother's Name	Home Phone
Street Address	City	State	Zip
Child	Age	Child	Age
Child	Age	Child	Age

FATHER

Occupation _____ Self Employed? _____

Company Name _____ Work Phone & Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

Brief description of your job _____

Other work/life experiences _____

Education _____

Other special training, hobbies, and talents _____

MOTHER

Occupation _____ Self Employed? _____

Company Name _____ Work Phone & Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

Brief description of your job _____

Other work/life experiences _____

Education _____

Other special training, hobbies, and talents _____

E-Mail Addresses: (Please include student's address if available.)

_____ Father's _____ Mother's _____ Student's