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	N	Mother's Name	Home Phone
Street Address	City	s	tate	Zip
Child	Age	Child	A	ge
Child EA THED	Age	Child	A	ge
FATHER				C 1CE 1 10
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	l 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	e student's addre	ess if available.)		
Father's		Mother's		Student's
ratner's		Mother's		Student's