

Classic Academy

2024-2025 School Year

1800 Lee Street, Des Plaines, IL 60018

classicacademy21@gmail.com www.classicacademy.org

Student 1:

_____ Last Name	_____ First Name	_____ Sex	_____ Grade Level
_____ Place of Birth	M: D: YR: _____ Date of Birth	_____ Allergies	
_____ Place of Baptism	_____ Date of Baptism	_____ Namesday	

Student 2:

_____ Last Name	_____ First Name	_____ Sex	_____ Grade Level
_____ Place of Birth	M: D: YR: _____ Date of Birth	_____ Allergies	
_____ Place of Baptism	_____ Date of Baptism	_____ Namesday	

Student 3:

_____ Last Name	_____ First Name	_____ Sex	_____ Grade Level
_____ Place of Birth	M: D: YR: _____ Date of Birth	_____ Allergies	
_____ Place of Baptism	_____ Date of Baptism	_____ Namesday	

Home Address:

Street Address

City State Zip Code

Mother:

_____ Last Name	_____ First Name		
_____ Cell Phone	_____ Work Phone	_____ Email Address	
_____ Occupation	_____ Employer		
Russian Orthodox <input type="checkbox"/> ; Other Orthodox <input type="checkbox"/> _____ ; Other (please specify) _____			

Father:

Last Name

First Name

Cell Phone

Work Phone

Email Address

Occupation

Employer

Russian Orthodox ; Other Orthodox _____ ; Other (please specify) _____

Parent Status:

Married/Living Together Divorced Separated Widower/Widow Single Other: _____

Residence Status:

Student(s) reside with: Both Parents Father Mother Other: _____

Custody Status:

Legal custody of student(s) belongs to: Parents Other: _____ (provide documentation)

Emergency Contacts:

Last Name

First Name

Relationship

Telephone

Last Name

First Name

Relationship

Telephone

All of the above information is true and accurate to the best of my knowledge. I have not falsified any of the above information.

Signature

Name

Date

Classic Academy admits students of any race, color, and national or ethnic origin.