



[Form updated 1-1-2018]

Application costs and deadlines are available at classicalbeginnings.org
Please give the Pastor Recommendation Form to your Pastor to complete and return to us.

Child Information Please complete a separate Application for each child.

Class Applying for: _____

Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Please list any area of special need your child may have. Please include physical, medical or educational needs you are aware of. _____

Family Information

Parents: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Father: Work Phone: (____) _____ Cell Phone: (____) _____

Father's Email Address: _____

Mother: Work Phone: (____) _____ Cell Phone: (____) _____

Mother's Email Address: _____

Names and ages of siblings: _____

Christian Commitment and Church Affiliation

Church Name: _____ Denomination: _____

Name of Pastor _____ Church Attendance: Regular Not Regular

Street Address: _____ Church Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Please tell us about your family's faith. If you are a returning family please bring us up to date.



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NEW FAMILIES ONLY should complete this section on Educational Information.

Please tell us about your child's previous school attendance.

Please tell us why you are choosing to home school your child.

Do you commit to meet the responsibilities your State requires of you as homeschool parents?

Please indicate yes by your initials. Father _____ Mother _____

How did you hear about Classical Beginnings Tutorial?

Describe your expectations and how you hope Classical Beginnings will help you educate your child?

ALL FAMILIES MUST complete the application by signing below.

By signing this application you certify that the information provided is true and current to the best of your knowledge; you acknowledge that the instruction provided is from a Reformed Christian theological perspective; that you submit to the standards and values of Classical Beginnings Tutorial; that you assume the responsibility for meeting your State's requirements for homeschooling and that you acknowledge and agree to meet your financial obligations to CBT by the set deadlines , including withdrawal penalties of 2 months tuition if you withdraw from May 1st to June 30th and 9 months tuition if you withdraw on or after July 1st.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Instructions: Application and registration fee can be mailed to Classical Beginnings, PO Box 2362, Chattanooga, TN 37409. Provide your Pastor with the Pastor Recommendation Form and ask him to complete it and return it directly to us. It is an essential part of your application. Please email Classical Beginnings at info@classicalbeginnings.org if you have any questions.