

ECOLE CLASSIQUE
5236 Glendale Street Metairie, LA 70006
Phone 504-887-3507 Fax 504-887-8140
www.ecoleclassique.com
APPLICATION FOR ADMISSION

Name _____
(Last) (First) (Middle)

Social Security Number _____ Male/Female _____

Address _____

(City) _____ (State) _____ (Zip) _____
Home Telephone _____ Cell Phone _____ Cell Phone _____
(Dad) (Mom)

Date of Application _____ Class Applied For _____

Session Applied For _____ Last School Attended _____
(Year)

List Other Schools Attended and Years Attended

Date of Birth _____ Religion _____

Father's Name _____ Living? _____

Occupation _____ Company _____ Phone _____

High School Graduate? _____ What High School? _____

College Graduate? _____ What College? _____

Mother's Name _____ Living? _____

Occupation _____ Company _____ Phone _____

High School Graduate? _____ What High School? _____

College Graduate? _____ What College? _____

Are Mother and Father Living Together? _____ If not, with whom does applicant live? _____

Parent's E-mail Address _____

How Did Applicant Learn About Ecole Classique? _____

List Any Relatives Who Attended or Currently Attend Ecole Classique _____

Is your child currently in good standing at his/her present school? _____

Please List Any Special Health Conditions or Concerns

In order to complete the application process, please provide a copy of your child's most recent report card with this application. High school applicants are asked to complete the following form.

Ninth Grade
School Attended _____
Courses Taken

_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed

Tenth Grade
School Attended _____
Courses Taken

_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed

Eleventh Grade
School Attended _____
Courses Taken

_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed
_____	Passed	Failed

Please list courses failed but not made up in an approved summer school.

IF MY CHILD IS ACCEPTED INTO ECOLE CLASSIQUE, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING EACH SEMESTER'S TUITION IN ADVANCE. IF MY CHILD IS WITHDRAWN OR DISMISSED FROM ECOLE CLASSIQUE, THIS PAYMENT IS NOT REFUNDABLE.

(Signature of Parent or Guardian)

(Date)

