



ETHOS *Classical*

ETHOS CLASSICAL APPLICATION FORM

Scholar General Information

First name: _____

Middle name: _____

Last name: _____

Date of birth: ____/____/____

Grade of entry: _____

Parent/Guardian General Information

First name: _____

Last name: _____

Preferred phone #: _____

Email: _____

Relation to scholar: _____

Scholar Residence

***must reside in Fulton County or APS school zone**

Street address: _____

Apartment, unit, suite: _____

City: _____ State: _____ ZIP/Postal code: _____

Siblings

Does the scholar have a brother or sister currently attending Ethos Classical? Yes No

Sibling name: _____

Sibling grade: _____

Do the scholar and this sibling live together at the same address? Yes No

Additional Information

Is one of the parents or guardians on the board of this organization? Yes No

Board member name: _____

Is one of the parents or guardians employed by this organization? Yes No

Employee name: _____

How did you hear about us?

FOR OFFICE USE ONLY

Date submitted in School Mint: ____/____/____

SY____

Office initials: _____