

The Parent Academy

Request for Class

Name of School/Organization: _____ Regional Center: _____

Principal's Name: _____ Feeder Pattern: _____

School Liaison: _____ Title/Position: _____

Phone: _____ Fax: _____ Email: _____

Workshop Title	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate if:

The Parent Academy will provide instructor School will provide instructor

This form must be signed by the school principal before a class can be scheduled.

Principal's Signature: _____

**Please fax this form to The Parent Academy office: 305-523-0505
For more information please call 305-995-2680**

