

# THE PARENT ACADEMY

## School Liaison Form

Name of School/Organization: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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.*

