



PARENT’S TEACHING QUALIFICATIONS

Academic School Year _____

Name _____ Phone _____

Address _____ City, Zip _____

High School _____ Year Graduated _____

Location _____

College* _____ Degree* _____

Location _____

List courses taken or major course of study or certification. Other classes, studies or seminars.

** Neither a college degree nor teacher certification is required to teach your children.*

Signature _____ Date _____