

LOS ALAMITOS EDUCATION FOUNDATION

PARENT CLASS REQUEST

Type of Class Requested: <input type="checkbox"/> ACADEMIC <input type="checkbox"/> ATHLETIC <input type="checkbox"/> ARTISTIC <input type="checkbox"/> ACTIVITY <input type="checkbox"/> STEM <input type="checkbox"/> _____ <input type="checkbox"/> Performing <input type="checkbox"/> _____ <input type="checkbox"/> Language <input type="checkbox"/> Visual <input type="checkbox"/> Other _____	
Brief Description of Class and Educational Benefit: 	
Target Group/School Site: 	
Suggested Instructor(s):	
Name E-mail Phone	Name E-mail Phone
Contact Information for Interested Families:	
Name E-mail Phone	Name E-mail Phone
Name E-mail Phone	Name E-mail Phone
Name E-mail Phone	Name E-mail Phone
Name E-mail Phone	Name E-mail Phone
Name E-mail Phone	Name E-mail Phone
Name E-mail Phone	Name E-mail Phone

Submitted By
Name: _____ **Phone:** _____ **E-mail:** _____