

**LOS ALAMITOS EDUCATION FOUNDATION**

**PARENT CLASS REQUEST**

<b>Type of Class Requested:</b>	
<input type="checkbox"/> ACADEMIC	<input type="checkbox"/> ATHLETIC
<input type="checkbox"/> STEM	<input type="checkbox"/> Martial Art
<input type="checkbox"/> Language	<input type="checkbox"/> _____
<input type="checkbox"/> Other _____	
<input type="checkbox"/> ARTISTIC	<input type="checkbox"/> ACTIVITY
<input type="checkbox"/> Performing	<input type="checkbox"/> _____
<input type="checkbox"/> Visual	

  

<b>Brief Description of Class and Educational Benefit:</b>

  

<b>Target Group/School Site:</b>

  

<b>Suggested Instructor(s):</b>	
Name	Name
E-mail	E-mail
Phone	Phone

  

<b>Contact Information for Interested Families:</b>	
Name	Name
E-mail	E-mail
Phone	Phone
Name	Name
E-mail	E-mail
Phone	Phone
Name	Name
E-mail	E-mail
Phone	Phone
Name	Name
E-mail	E-mail
Phone	Phone
Name	Name
E-mail	E-mail
Phone	Phone

**Submitted By**  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_