Form Number CT-110C

Applicant Information

Social Security Number

Date of Birth

Click or tap here to enter text.

Date of Birth

Click or tap here to enter text.

Click or tap here to enter text.

First Name Middle Name Last Name

Click or tap here to enter text. Click or tap here to enter text.

REQUEST FOR CLASSICAL PROFESSIONAL CERTIFICATE ISSUANCE

Complete the classical school information below:

School Name: Click or tap here to enter text. MSID Number: Click or tap here to enter text.

School County: Click or tap here to enter text.

School Address: Click or tap here to enter text.

Date Employed: Click or tap to enter a date.

□I certify that the school listed above implements and provides professional learning in a classical education school model that emphasizes the development of students in the principles of moral character and civic virtue through a well-rounded education in the liberal arts and sciences that are based on the classical trivium stages of grammar, logic, and rhetoric.

Please certify the above information is true and accurate:

Signature: Click or tap here to enter text.

(Superintendent, Authorized Designee or Charter School Governing Board)

Date:

Submit CT-110C to ClassicalCertification@fldoe.org