Parkridge Private School Inc.

3605 Long Beach Boulevard. Suite 304, Long Beach, California 90807
(888)91-STUDY (562)424-5528 www.parkridgek12.com

ENROLLMENT FORM

PLEASE **PRINT** AND **COMPLETE** ALL INFORMATION

DATE OF ENROLLMENT _____

STUDENT INFORMATION

NAME _____
First Middle Last

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____

HOME PHONE # _____ CELL PHONE # _____

WORK PHONE # _____

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED _____

CITY _____ STATE _____ ZIP CODE _____
LAST DATE ATTENDED: (approximate month/year) _____

Diploma Program Fee $375.00- Payment must be paid in full at the time of enrollment in the form of cash, money order, Visa, or MasterCard. **Please Note**: If work is not completed within one year of start date, an additional fee may be required. You will receive *two* official transcripts upon completion of the program. Each additional transcript will be subject to a $5.00 fee.

Signature: _____

Please print your name as you would like it to appear on your Diploma:

_____
First Middle/Initial Last

SEE BACK

List the following:

Certificates earned:

_____

_____

College units earned: (include course name)

_____

_____

Work Experience: (include job title and duties)

_____

_____

_____

_____

_____

Check all that you have experience with or knowledge of:

___Computers
___Checking Account
___Second Language (Language:_____)
___Children
___Sewing
___Cooking
___Auto Repair
___Home Repairs
___Typing
___Musical Instrument (Instrument:_____)
___Team Sport/Athlete (Sport/Type:_____)

How did you hear about our program?_____

Recommended by:_____

(Office Use Only)
Submitted:
___Resume
___Transcript (High School)
___Transcript (College)
___Certificates