

Parkridge Private School Inc.

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

ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION

PLEASE COMPLETE ALL INFORMATION

SCHOOL YEAR 2009/2010

DATE OF ENROLLMENT _____

GRADE M F _____

DATE OF BIRTH _____

STUDENT'S INFORMATION

NAME _____

ADDRESS FIRST MIDDLE LAST APT. # _____

CITY STATE ZIP CODE _____

HOME PHONE #() CELL PHONE #() _____

ETHNIC BACKGROUND: BLACK-HISPANIC-WHITE-OTHER _____

PARENT'S INFORMATION

FATHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT. # _____

CITY STATE ZIP CODE _____

EMPLOYER _____

ADDRESS _____ SUITE # _____

CITY STATE ZIP CODE _____

BUSINESS PHONE #() HOME PHONE #() _____

DRIVER'S LICENSE # _____ CELL PHONE #() _____

MOTHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT. # _____

CITY STATE ZIP CODE _____

EMPLOYER _____

ADDRESS _____ SUITE # _____

CITY STATE ZIP CODE _____

BUSINESS PHONE #() HOME PHONE #() _____

DRIVER'S LICENSE # _____ CELL PHONE #() _____

SEE BACK

PREVIOUS SCHOOL INFORMATION

SCHOOL LAST ATTENDED _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE LAST ATTENDED _____

HAS STUDENT ATTENDED HERE PREVIOUSLY? YES / NO _____ IF SO, WHAT YEAR? _____

I hereby give consent for my child's records to be released to Parkridge Private School.

Parent's Signature _____

EMERGENCY INFORMATION

I hereby give consent for any medical treatment. If I cannot be reached, please contact the following persons:

1. _____ () _____

2. _____ () _____

NAME RELATIONSHIP TO STUDENT PHONE

FEES AGREEMENT

• **ENROLLMENT FEE**

New student enrollment fee- \$75.00 per child (NON-REFUNDABLE)

• **REGISTRATION FEE-**

Returning student registration fee- \$25.00 per child per year (NON-REFUNDABLE)

• **MATERIALS FEE-**

\$200.00 per year (textbooks must be returned)

• **ANNUAL TUITION-**

\$2100.00 (10 equal payments of \$210.00)

I agree to pay \$210.00 per month for each student in the family. I understand that tuition is due on the 1st day of each month September through June. A late charge of \$10.00 will be assessed if payment is received after the 10th of the month. Payment must be received in FULL by the last day of the month.

Parent's Signature

Accreditation: Northwest Association of Accredited Schools
Parkridge Private School Inc. operates in accordance with all state and local laws and ordinances and is in compliance with PROPOSITION 65.

Recommended by: _____