

# 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 20 /20

DATE OF ENROLLMENT

GRADE M F

DATE OF BIRTH

### STUDENT'S INFORMATION

NAME \_\_\_\_\_

FIRST MIDDLE LAST  
ADDRESS \_\_\_\_\_ 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: \_\_\_\_\_

