

# Parkridge Private School Inc.

3605 Long Beach Boulevard, Suite 101, Long Beach, California 90807  
(888)91-STUDY (562)424-5528 www.parkridgeschool.org



## ENROLLMENT FORM



PLEASE PRINT AND COMPLETE ALL INFORMATION

Enrollment Date \_\_\_\_\_ D.O.B. \_\_\_\_\_ Current Age \_\_\_\_\_

Male Female Last grade level completed \_\_\_\_\_ Total High School Credits earned to date \_\_\_\_\_ Passed GED Yes No

### STUDENT INFORMATION

Name \_\_\_\_\_  
First Middle Last Maiden

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION-** Please list ALL schools you have attended. Use extra sheets if necessary. Include High Schools, Vocational Schools and Colleges.

LAST **HIGH SCHOOL** ATTENDED: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Date Attended: (approximate month/year) \_\_\_\_\_

**VOCATIONAL SCHOOL or COLLEGE ATTENDED:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Date Attended: (approximate month/year) \_\_\_\_\_

Course(s) Completed: \_\_\_\_\_ Units Completed: \_\_\_\_\_

Certificate(s) Received: \_\_\_\_\_

**Work Experience: This MUST be completed in detail**

**Company name:** \_\_\_\_\_ **How long did you work for them?**      yrs      mo

Company phone number \_\_\_\_\_ Position title: \_\_\_\_\_

Supervisor/Owner \_\_\_\_\_ FT/PT Hours p/wk \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ **Can you provide verification of employment? Ie: paystub, letter from employer, etc.**

**Company name:** \_\_\_\_\_ **How long did you work for them?**      yrs      mo

Company phone number \_\_\_\_\_ Position title: \_\_\_\_\_

Supervisor/Owner \_\_\_\_\_ FT/PT Hours p/wk \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Proof submitted \_\_\_\_\_

**Company name:** \_\_\_\_\_ **How long did you work for them?**      yrs      mo

Company Phone Number \_\_\_\_\_ Position title: \_\_\_\_\_

Supervisor/Owner \_\_\_\_\_ FT/PT Hours p/wk \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Proof submitted \_\_\_\_\_

**Do your parents have a high school diploma? Mother Yes No      Father Yes No**

Signature: \_\_\_\_\_

**Please print your name EXACTLY as it will appear on your Diploma, as per your government ID:**

\_\_\_\_\_

First                                      Middle name or Initial (optional)                                      Last      Suffix (optional)

Referred by: \_\_\_\_\_

(ie; name of friend, name of vocational school or college, etc.)

# Parkridge Private School

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

## EXTRA CURRICULAR ACTIVITIES

Arts - Foreign Language - Tech Skills and Electives	Hour per week for months or years						
Paint/Draw	Hrs/wk	Mos	Yrs	Voice/Choir	Hrs/wk	Mos	Yrs
Sketch/Cartoon	Hrs/wk	Mos	Yrs	Instrument	Hrs/wk	Mos	Yrs
Crafts	Hrs/wk	Mos	Yrs	Performing	Hrs/wk	Mos	Yrs
Art/Music Hist	Hrs/wk	Mos	Yrs	Band/Orch	Hrs/wk	Mos	Yrs
Photography	Hrs/wk	Mos	Yrs	Office Skills	Hrs/wk	Mos	Yrs
Sculpture/Jewelry	Hrs/wk	Mos	Yrs	Account/Record	Hrs/wk	Mos	Yrs
Cook/Sew	Hrs/wk	Mos	Yrs	Leadership	Hrs/wk	Mos	Yrs
Child Crafts	Hrs/wk	Mos	Yrs	Industrial Arts	Hrs/wk	Mos	Yrs
Ceramics	Hrs/wk	Mos	Yrs	Design/Blue Prints	Hrs/wk	Mos	Yrs
Drafting	Hrs/wk	Mos	Yrs	Weld/Construct	Hrs/wk	Mos	Yrs
Child Care	Hrs/wk	Mos	Yrs	Plumb/Elect/Refrig	Hrs/wk	Mos	Yrs
Graphic Design	Hrs/wk	Mos	Yrs	Maintenance/Repair	Hrs/wk	Mos	Yrs
Film/Drama	Hrs/wk	Mos	Yrs	Auto Mech	Hrs/wk	Mos	Yrs
Parenting	Hrs/wk	Mos	Yrs	Management	Hrs/wk	Mos	Yrs
Computer	Hrs/wk	Mos	Yrs	Keyboarding	Hrs/wk	Mos	Yrs

**Certificates** \_\_\_\_\_

**Naturalization Test** Passed? Yes No \_\_\_\_\_

**Licenses** \_\_\_\_\_

**Languages** \_\_\_\_\_ **B A F** \_\_\_\_\_ **B A F**

- BASIC - Able to speak and understand some of the language (days, months, count, phrases)*
- ADVANCED- Able to speak and understand most of the language*
- FLUENT- Able to speak, understand, read and write the language*

**PE**

Walk/Run	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Cardio/Gym WO	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Swimming/Volleyball	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Bskt Ball/Ft Ball	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Racket Ball/Golf	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Soccer/Base Ball	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Dancing/Martial Arts	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs
Other _____	Hrs/wk	Mos	Yrs	_____	Hrs/wk	Mos	Yrs

**Speech – Held a leadership position and given 5 prepared 3 minute speeches? Y/N**

**Volunteer Work** Hrs/wk \_\_\_ Mos \_\_\_ Yrs \_\_\_ Where? \_\_\_\_\_

**Volunteer Work** Hrs/wk \_\_\_ Mos \_\_\_ Yrs \_\_\_ Where? \_\_\_\_\_

Describe: \_\_\_\_\_

**Business Ownership** Yes/No \_\_\_\_\_ Yrs \_\_\_ w/Proof Yes/No \_\_\_\_\_

Describe the business: \_\_\_\_\_

Describe your role: \_\_\_\_\_

**Interview conducted by:** \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_