PETRA
ALLIED HEALTH

Allied Health Class Registration Form

Please read the Program Bulletin for the class in which you are enrolling, in its entirely, before you begin registering for the class. Complete this form and send it with your check or credit card information for the $50 registration fee to the following address. Please note: If your application is rejected you will be refunded your registration fee. Applications cannot be processed without payments of the registration fee.

Personal Information

Name: _____ **Social Security:** ___ / ___ / ___
(Last Name) (First Name) (Middle Name)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Primary Phone: _____ **Date of Birth:** _____ **Gender:** M / F

Email: _____ **Sponsor Name:** _____

Emergency Contact: _____
(Name) (Phone Number) (Relationship)

Class Information

Class Name: _____ **Registration ($50) & Tuition Amount: $** _____

Class Start Date / Time: _____ **Class Projected End Date:** _____

No. Of Class Hours (Classroom + Clinical): _____ **Have you attended one of our classes before?** Yes / No

Payment Information (Only required if submitting payment via Mail or Fax)

Card Number: _____ **Amount:** _____

Name on Card: _____ **Expiration Date** (Month / Year)**:** _____

I hereby certify that all of the above information is true and accurate, and that withholding information requested or giving false information could make me ineligible for admissions. I understand that my admission will not be completed until I submit all documentation as outlined on this form and have read and agreed to the terms of the Program Bulletin for the class I am registering for. If I am receiving financial assistance, I give consent to release information regarding my academic process to sponsors.

How did you hear about Petra? _____

_____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(For Students under 18 years old)

Admissions Office: PO Box 6611, Springdale, AR 72766-6611 or Fax: 479-750-4655

Office Use Only

_____
School Office Signature

_____
Title

_____
Date

_____
Sponsor Code (If Applicable)