



# Petra Allied Health, Inc. Class Registration Form

Please read the Program Bulletin for the class in which you are enrolling, in its entirety, before you begin registering for the class. Complete this form and send it with your check or credit card information for the \$50.00 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 payment of the registration fee.

**Admissions Office:** P.O. Box 6611, Springdale, AR 72766-6611 OR Fax: 479-750-4655

## Personal Information

<b>Name:</b>			<b>Date of Birth:</b>		
(Last Name)	(First Name)	(Middle Initial)			
<b>Mailing Address:</b>					<b>Gender:</b> M / F
(Street)	(City)	(State)	(Zip Code)		
<b>Primary Phone:</b>		<b>Email:</b>	<b>Social Security:</b> / /		
<b>Emergency Contact:</b>					
(Name)		(Phone Number)		(Relationship)	

## Class Information

<b>Class Name:</b>		<b>Tuition Amount: \$</b>			
<b>Class Start Date and Time:</b>			<b>Class Projected End Date:</b>		
<b>No. of Class Hours (Classroom + Clinical):</b>		<b>Have you attended one of our classes before:</b> YES / NO			
<b>School Location</b> (Please Circle One):	3889 Willowood Ave. Springdale, AR 72762	4300 Rogers Ave. Suite 42 Fort Smith, AR 72903	295 Section Line Rd. Suite C Hot Springs, AR 71913		

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

<b>Card Number:</b>	<b>Amount: \$</b>
<b>Name on Card:</b>	<b>Expiration Date (Month/Year):</b> /

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 submitted 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 such sponsors.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(For Students under 18 years old)

<b>Office Use Only</b>
School Office Signature/Title:
Date
Sponsor Code (If Applicable)