



Petra Allied Health, Inc.
Admissions Office
P.O. Box 6611
Springdale, Ar 72766-6611
(800) 785-9876 ext. 9
(479) 750-4655 » Fax

Application for Enrollment (Registration) Form

Enrollment procedure:

- 1. READ THE ENTIRE PROGRAM BULLETIN FOR THE CLASS YOU ARE APPLYING FOR ENROLLMENT IN.
2. Complete and sign this application.
3. Submit your application with Check or money order for the \$50.00 registration fee to the address in the upper right hand corner (If your application is refused your fee will be returned). Please do not mail cash. If paying via Credit Card circle whether Visa or MasterCard, write the name on the card, the account number, and expiration date in the spaces provided:

Visa / MC Account # _____ Amount \$ _____

Name on card _____ Exp date (month/year) ____ / ____

Location of school enrolling in:

Springdale Location Fort Smith Location Hot Springs Location

Course you are enrolling in: _____

Class Start Date: _____ Morning Afternoon Evening

(Last name) (First) (Middle)

Social Security Number M F Sex Home () Telephone Number(s) Work () Date of Birth

Mailing Address Street City State Zip

Emergency Contact: Last-name First-name Phone # Relationship

Have you ever attended one of our classes before? Yes No

I hereby certify that all the above information is complete and accurate. I understand that my admission will not be complete until I have submitted all documentation specified in this form and in the Program Bulletin for the class I am enrolling for. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that the registration fee accompanying this application is non-refundable and non-transferrable (unless the class I am enrolling in is canceled by Petra due to low enrollment etc.). If I am receiving financial assistance I consent to the release of information regarding my academic progress to such sponsors. I have been given a Program Bulletin for the class I am enrolling in, have read it, and agree to the terms therein.

Signature: _____ Date: _____