

Peachtree Ridge High School Community School

Phone: (678) 957-3103 Fax: (678) 957-3108

Gail Robinson, Director

1555 Old Peachtree Road, Suwanee, GA 30024

Office hours: Monday –Thursday 2:00-8:00 PM

Suzanne Frank, Assistant

CLASS REGISTRATION FORM

(Driver’s Education also needs the separate contract form.)

Participant Name: _____ Age: (under 18 only) _____ Phone: _____

Address: _____ E-mail: _____
Number and Street City /State/Zip

Class: _____ Dates: _____ Time: _____ Class Fee: _____

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Class: _____ Dates: _____ Time: _____ Class Fee: _____

Signature: _____ Total Amount Enclosed * _____
(Parent/Guardian if participant is under 18 years old)

Cash or Checks only

Check# _____ Cash _____ Receipt # _____

*Registration is not complete without payment in full and classes are filled on a first-come, first-served basis. No refunds are made after the first class.

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