

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

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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