



Application for Enrollment

I request admission to the following PRIME SCHOLASTICS program in accordance with the current policies of the school:

- Medical assistant training Bridge program Caregiver program

Last Name First Name MI Gender Age Date of Birth

Address_____

Cell Phone () _____ Home Phone () _____

E-mail address_____

Name of Parent/Guardian if student is under 18:

Last First MI Phone

Enclosed is the \$100 Non-Refundable Registration Fee. I wish to start: Fall or Spring (circle one)

Enclosed is the \$500 first installment due by the first day of class.

I have read and agree to the Financial Obligation Agreement attached.

Signature of Student (Parent/Guardian if student is under 18)

Date

Please mail the completed form and payment to:

Prime Scholastics
424 E Vanderbilt Way, Suite B
San Bernardino, CA 92408