EAGLE RIDGE INTERNATIONAL

Registration Form

Please complete the following form and send by email to beth@eagleridgeinternational.com along with the $100 registration fee. Once the registration information has been received and the $100 fee processed, an application packet will be issued.

General Information

Student's Family Name:	
Student's Given Name:	
Student's E-Mail:	
Sex:	□Male □Female
Date of Birth:	(dd/mm/yyyy) ___/___/_____
Last grade completed:	
Grade to enter:	
Desired date of entrance:	□Fall □Spring
Desired year of entrance:	

Health (List any health conditions, disorders, or diseases):	

Medications (List any medications currently taking):	

Father's Name:	
Mother's Name:	
Home Address:	
City:	
Country:	
Postal Code:	
Home Telephone:	
Father's Email:	
Mother's Email:	

Method of Payment for $100 Registration Fee

Credit Card:	□Visa □Mastercard
Credit Card Number:	
Date of Expiration:	
Amount in US$:	