



16700 Valley View Avenue  
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La Mirada, California 90638  
p: 714.523.9811  
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## STUDENT REGISTRATION FORM

Date: \_\_\_\_\_

Name of class: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (D.O.B): \_\_\_\_\_  
(last 4 digits)

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### CREDIT CARD INFORMATION

Visa      Amex      Discover      Master Card

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

### CHECK INFORMATION

Amount: \_\_\_\_\_ Check number: \_\_\_\_\_ Check date: \_\_\_\_\_