

# School Registration Form

Pharmakeia Pre-Pharmaceutical School, LLC

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*Approved and Regulated by the Colorado Department of Higher Education,  
Private Occupational School Board*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone Numbers: H) \_\_\_\_\_ C) \_\_\_\_\_ W) \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do you have High School Diploma or GED? (Yes/No): \_\_\_\_\_

**\*Note this program requires high school diploma or GED**

Have you ever been convicted of felony, misdemeanor or of any drug related offense? (Yes/No):

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