



Date: _____

INTEREST FORM

The Portland School of Experiential Education
we learn what we do.

Child's Information:

Last Name

First Name

Nickname

Date of Birth

Parent/Guardian Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please Indicate Preferred Schedule

pdXed offers two, three, and five, half or full day options. We are unable to combine half and full day schedules.

Half Days (6:30 a.m. – 1:00 p.m.)

Monday Tuesday Wednesday Thursday Friday

Full Days (6:30 a.m. – 6:00 p.m.)

Monday Tuesday Wednesday Thursday Friday

Preferred Start Date: _____

School Tours

Please indicate ideal day(s)/time(s) that would work for you and your family - pdXed will confirm your tour date and time with you via e-mail. Excited to meet you!

School Tour Day/Time – First Choice: _____

School Tour Day/Time – Second Choice: _____

How did you hear about pdXed? _____

Please send this form to pdXed via email or snail mail.

The Portland School of Experiential Education • 2728 NE 34th Avenue, Portland • Oregon • 97212 • www.pdxedschool.org