



CLIENT OPENING SURVEY FORM

Mrs

MR./MRS./MISS

Louise

FIRST NAME

Stewart

LAST NAME

760-751-4422

CONTACT NUMBER

760-271-0833

ALTERNATE NUMBER

COMPANY DATA BASE

louise@springfieldhouseclinic.co.uk

EMAIL ADDRESS

County Schools Service
Fund

COMPANY NAME

www.valleyoakscharterschool.org

WEBSITE URL

1300 17Th St

Address

Bakersfield

City

CA

State

93301

ZIP Code

Educational Services

SIC DESCRIPTION

8211

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

950,800

REVENUE (USD)

Kern

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782