



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Salena

FIRST NAME

lRrpsl

LAST NAME

660-791-8447

CONTACT NUMBER

660-618-2479

ALTERNATE NUMBER

COMPANY DATA BASE

skarpel@cox.net

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