



NEW STUDENT ENROLLMENT APPLICATION

TERM YEAR: _____

GRADE ENROLLING FOR: _____ LAST SCHOOL ATTENDED: _____

STUDENT NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

STUDENT E-MAIL ADDRESS: _____ STUDENT CELL #: _____

PARENT/GUARDIAN INFORMATION

PARENTS ARE (CIRCLE ONE): MARRIED DIVORCED SEPARATED DECEASED SINGLE

CHILD LIVES WITH:

NAME #1: _____ RELATIONSHIP: _____

E-MAIL ADDRESS: _____ CELL #: _____

EMPLOYER: _____ POSITION: _____

BUSINESS PHONE: _____ TEXTING OK? YES NO

NAME #2: _____ RELATIONSHIP: _____

E-MAIL ADDRESS: _____ CELL #: _____

EMPLOYER: _____ POSITION: _____

BUSINESS PHONE: _____ TEXTING OK? YES NO

OTHER CHILDREN IN THE FAMILY:

NAME: _____ AGE: _____ SCHOOL: _____

NAME: _____ AGE: _____ SCHOOL: _____

NAME: _____ AGE: _____ SCHOOL: _____



CHURCH MEMBERSHIP

NAME OF CHURCH: _____

PASTOR: _____ YOUTH PASTOR: _____

CHURCH ATTENDANCE (CIRCLE ONE): FAITHFUL MODERATE INFREQUENT

FATHER'S STATEMENT OF FAITH (SALVATION TESTIMONY):

*Attach additional page(s) if needed

MOTHER'S STATEMENT OF FAITH (SALVATION TESTIMONY):

*Attach additional page(s) if needed

SCHOOL/ACADEMIC HISTORY

If the student can answer yes to any of the statements below, please explain by attaching a separate sheet of paper to the back of this application.		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Repeated a grade in school
<input type="checkbox"/>	<input type="checkbox"/>	Attended summer school
<input type="checkbox"/>	<input type="checkbox"/>	Disciplinary problems in school
<input type="checkbox"/>	<input type="checkbox"/>	Extended absences from school
<input type="checkbox"/>	<input type="checkbox"/>	Tested for learning disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Attended or is attending speech therapy classes
<input type="checkbox"/>	<input type="checkbox"/>	Expelled or suspended from school
<input type="checkbox"/>	<input type="checkbox"/>	Placed in ISS or alternative school for any amount of time
<input type="checkbox"/>	<input type="checkbox"/>	Taken illegal drugs
<input type="checkbox"/>	<input type="checkbox"/>	Arrested



MEDICAL INFORMATION

PRIMARY PHYSICIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOSPITAL PREFERENCE: _____

INSURANCE CARRIER: _____

GROUP OR POLICY #: _____

DOES THE STUDENT HAVE ANY PHYSICAL CHALLENGES? IF YES, PLEASE EXPLAIN.

DOES THE STUDENT HAVE ANY CHRONIC HEALTH PROBLEMS OR HEALTH CONDITIONS? IF YES, PLEASE EXPLAIN.

DOES THE STUDENT TAKE ANY MEDICATION(S) ON A REGULAR BASIS? IF YES, PLEASE FILL IN THE INFO BELOW.

*Attach additional page(s) if needed

MEDICATION	HEALTH CONDITION	FREQUENCY	DOSAGE

DOES THE STUDENT HAVE ANY ALLERGIES TO MEDICATIONS, FOOD, INSECTS, ETC.? PLEASE LIST THE ALLERGY AND ANY POSSIBLE REACTIONS OR SIDE EFFECTS THAT MAY OCCUR AS THE RESULT OF EXPOSURE.

ALLERGY	REACTION



EMERGENCY CONTACT INFORMATION

IN THE EVENT THAT WE NEED TO CONTACT SOMEONE DURING THE SCHOOL DAY, PLEASE LIST ALL EMERGENCY CONTACTS IN THE ORDER IN WHICH THEY SHOULD BE CALLED. (INCLUDE PARENTS/GUARDIANS)

CONTACT #1

NAME: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____

CONTACT #2

NAME: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____

CONTACT #3

NAME: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____

CONTACT #4

NAME: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____

I have completed this application with truthful and correct information and have attached any necessary explanations. I have also read and desire to comply with the Parkview Christian Academy Student Handbook and Code of Conduct.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATES



RELEASE FORM

TERM YEAR: _____

STUDENT NAME: _____

DOB: _____

I hereby grant permission for my child to attend field trips planned throughout the school year for motivational and educational supplement to the curriculum or as an athlete throughout the year to and from athletic competitions. (Parents will always be informed of dates, times, destinations and purposes of all trips in advance.)

I hereby grant permission for my child to be included in evaluations and pictures and videos connected with the school program that may be used for such things as our school website or marketing brochures and ads.

I hereby grant permission for the Administrator, Coach, or Staff to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact parent or guardian.
- Attempt to contact child's physician.
- Attempt to contact the person(s) listed on the emergency contact form provided by the parent/guardian.

If we cannot reach the child's guardian or physician, one or more of the following actions will be taken:

- Call another physician or paramedics
- Call an ambulance
- Have the child taken to an emergency hospital/clinic in the company of a staff member.

(Any expense incurred from the actions above will be the responsibility of the child's parent/guardian.)

- The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.
- The school will not assume responsibility for a child who has not been officially received or has been dismissed for the day.

PARENT/GUARDIAN SIGNATURE

DATE