



PARKVIEW BAPTIST SCHOOL

"Education with an Eternal Foundation"

Application for Admission

Applicant

Date: _____

Last: _____ First: _____ Middle: _____

Preferred Name: _____ Current age: _____ Date of Birth: _____

Current grade: _____ Applying for Grade: _____ SS#: _____

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

Phone: _____ E-mail: _____

Race: _____ Male Female U.S. Citizen: Yes No

Religious Preference: _____ Home Church: _____

Has applicant previously attended PBS: Yes No

Father/Guardian

Admission correspondence should be sent here

Name

Stepmother

Address(if different from applicant)

City, State, Zip

Home Phone

E-mail

Cell Phone

Work Phone

Occupation

Employer/Firm Name

Mother/Guardian

Admission correspondence should be sent here

Name

Stepfather

Address(if different from applicant)

City, State, Zip

Home Phone

E-mail

Cell Phone

Work Phone

Occupation

Employer/Firm Name

Family Information

Please describe the family and custody arrangement if the applicant does not live with both parents in one household.

School Information

Current School: _____ School Phone: _____

School Address: _____
Street City State Zip Code

Current Grade: _____ Dates Attended: _____

Prior Schools:

| Name | Address | Dates Attended |
|------|---------|----------------|
|------|---------|----------------|

| Name | Address | Dates Attended |
|------|---------|----------------|
|------|---------|----------------|

Academic

Has applicant ever been retained? Yes / No Expelled? Yes / No

Recommended to find another school? Yes / No

Please Comment: _____

Has applicant ever consulted with a professional for testing and/or guidance? Yes / No

Speech/Language? Yes / No ADD/ADHD? Yes / No Psychological? Yes / No

Has applicant been diagnosed with a learning difference? Yes / No

If yes, please include a copy of the testing results. _____

Does the applicant regularly require medication? Yes / No If yes, please explain: _____

Describe any special circumstances that have affected the applicant's performance in school. _____

Has either parent attended PBS: Mom Years _____ Dad Years _____

Referred to PBS by: _____

How did you learn about PBS: _____

Other Siblings:

| | | | |
|------------|-----------|--------------|-------------|
| Name _____ | Age _____ | School _____ | Grade _____ |
|------------|-----------|--------------|-------------|

| | | | |
|------------|-----------|--------------|-------------|
| Name _____ | Age _____ | School _____ | Grade _____ |
|------------|-----------|--------------|-------------|

| | | | |
|------------|-----------|--------------|-------------|
| Name _____ | Age _____ | School _____ | Grade _____ |
|------------|-----------|--------------|-------------|

List other schools to which you are applying: _____

Paternal Grandparent(s)

| | |
|-----------------|-------------|
| Last Name _____ | First _____ |
|-----------------|-------------|

Address _____

City/State/Zip _____

Phone _____

Maternal Grandparent(s)

| | |
|-----------------|-------------|
| Last Name _____ | First _____ |
|-----------------|-------------|

Address _____

City/State/Zip _____

Phone _____

I am enclosing an application and testing fee of \$75.00. Upon acceptance, I agree to send PBS the contract and the \$450.00 registration fee within 2 weeks to confirm my intent and placement. The application fee, registration fee, and new student fee are NON-REFUNDABLE should I decide to withdraw my student. Please refer to the current handbook for refund policy.

Signature of Custodial Parent or Guardian: _____ Date: _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Parkview Baptist School admits students of any race, color, nationality, or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic or other school-administered programs.