



Parkview Adventist Academy
4201 Martin Luther King Avenue
Oklahoma City, OK 73111
Phone: 405-427-6525
Fax: 405-427-1154
www.parkviewadventistacademy.org

2018-2019 Admission Application

Student Information:

Name: _____
 First Middle Last Preferred

Address: _____
 Street City State Zip

Home Phone: _____ Student Cell Phone: _____

Student E-mail Address: _____ SSN: _____ - _____ - _____

Date of Birth: ____/____/____ Place of Birth: _____ Citizenship: _____

Home Church: _____ Baptismal Date: _____ Baptismal Church: _____

Allergies: _____

Last Grade Completed: _____ Grade Entering: _____

Previous School Attended (if not Parkview): _____

Address: _____
 Street City State Zip

Phone Number: _____ Fax Number: _____

The following have permission to pick up student from school:

1. Name: _____ Phone: _____ Relation: _____
2. Name: _____ Phone: _____ Relation: _____
3. Name: _____ Phone: _____ Relation: _____
4. Name: _____ Phone: _____ Relation: _____

Parent Information: *Contact phone numbers and email address will be used to distribute important school information.*

Parent/Guardian: **Mother** **Father** **Guardian** **Other**

First and Last Name: _____

Address (if different from student): _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Marital Status: _____ Home Church: _____

Parent/Guardian: **Mother** **Father** **Guardian** **Other**

First and Last Name: _____

Address (if different from student): _____

Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Marital Status: _____ Home Church: _____

Please list everyone student lives with:

Name	Relation	School (if applicable)	Grade (if applicable)

Emergency Contacts

1. Name: _____ Phone: _____ Relation: _____

2. Name: _____ Phone: _____ Relation: _____

3. Name: _____ Phone: _____ Relation: _____



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Photography Release

Student Name: _____

_____ I DO authorize my student's photograph or video image to be used by Parkview Adventist Academy for promotional or archival purposes and/or on the internet.

_____ I DO NOT authorize my student's photograph or video image to be used by Parkview Adventist Academy for promotional or archival purposes or on the internet.

Parent Signature: _____

Date: _____



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Acceptable Use of Electronics & Internet Agreement

PAA provides Internet and network resources for students and staff to facilitate education. All users are required to follow the terms and intent of the Acceptable Use Policy/Student Pledge as outlined below. Students and parents must also have signed a form before Internet/network access will be allowed. Please read this document carefully.

Acceptable Use Policy/Student Pledge

I understand that the use of the computer system is a privilege, not a right, and that inappropriate use will result in the loss of that privilege, disciplinary action, and/or appropriate legal action. I further understand that the school board will determine what inappropriate use is, and their decision is final.

I understand that access to the Internet must be in support of education and research, and agree that the following actions (which are not all inclusive) constitute unacceptable use of the Internet and computers at PAA.

- Using impolite, abusive, profane or otherwise objectionable language in public or private messages.
- Using social networking sites such as Twitter, Instagram, or Facebook, etc.
- Publishing on the Internet images or other information about PAA and its students, faculty or staff, without permission of the administration. This includes publishing anything about PAA from any location.
- Using the Internet in ways that violate federal, state, or local laws or statutes.
- Using the Internet for commercial purposes other than those authorized by PAA.
- Sending, receiving or using copyrighted materials without permission and reference citing.
- Sending or receiving pornographic materials of any nature, files containing racial, ethnic or minority disparagement or advocating violence.
- Revealing personal information including personal addresses and telephone numbers of others or myself. (Remember that electronic footprints can never be deleted!)
- Circumventing security measures on school or remote computers or networks.
- Sharing one's password.
- Attempting to gain access to another's resources, programs, data, or devices.
- Malicious attempt to alter or destroy data or programs of another, including the uploading or creation of viruses.
- Installing or modifying any software or operating system without the principal's expressed permission.
- Using the computer without the permission of a teacher.

Electronics

PAA is dedicated to providing an academic and Christian environment for the students. Personal electronics are a distraction from the learning environment. If parents need to get in contact with their children, please call the school office. Cell phones, headphones, ipods, mp3 players, etc. are not conducive to this environment. No electronics may be used during lunch, before school, or after school until 3:30 pm. **Unless a teacher specifically assigns students to use them for an assignment, cell phones are to be put away and out of sight for the remainder of the school day.**

If an electronic device or headphones are seen by any teacher, the following will take place:

- First offense: the item will be confiscated and will be given back to the student after school.
- Second offense: the item will be confiscated and the parent will need to pick it up from the office.
- Third offense: the electronic privilege will be removed for an extended period by the administration. Defiance becomes a Discipline Committee issue.

Print Student Name: _____

Student Signature: _____

Date: _____

Compliance Statement

By completing Parkview Adventist Academy's application process, students pledge themselves to observe PAA's regulations and to live in harmony with its ideals and purposes. Disciplinary action, if needed, will be based on this statement and its implication. Only students who are interested in having a relationship with Jesus or are willing to experience one should apply for admission to PAA. Admittance is subject to complying with and understanding this agreement. Refusal to sign such agreement is subject to non-admittance.

Print Student Name: _____

Student Signature: _____

Date: _____

Southwestern Union Conference CONSENT TO TREATMENT FORM

Only designated staff, such as the event nurses or a physician, will have access to the completed form.
This form will be stored in a locked file.

Student's name _____ Age: _____
Date of birth _____ Social security # _____
Mo. Day Year
Address _____

Parent/Guardian's Names _____
Father/Guardian _____
Business Telephone _____ Home Telephone _____
Mother/Guardian _____
Business Telephone _____ Home Telephone _____

Please describe allergies to substances and medication _____
If on regular medication, please specify _____
Date of last tetanus shot _____

Please give the name of your local family physician to be called in case your son or daughter becomes ill or has an accident and you cannot be reached.

Family Physician _____ Telephone _____
Address _____
Hospital preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached.

Name _____ Telephone _____
Address _____
Name _____ Telephone _____
Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

Signature of Parent/Guardian: _____ Date _____