



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

2020-2021 Registration Form

Parents/Responsible Party Information

Parents/Responsible Party Name _____
 Address, City, State, Zip _____
 Home/Cell Phone _____
 E-mail address _____
 Church Membership _____ Other Church/Non-Constituent _____

Student's Name _____	Grade _____	Tuition Fees _____
Student's Name _____	Grade _____	Tuition Fees _____
Student's Name _____	Grade _____	Tuition Fees _____
Student's Name _____	Grade _____	Tuition Fees _____
Student's Name _____	Grade _____	Tuition Fees _____

Registration Fees	December 1-January 31	After January 31
Pre – k to 4 th Grade	\$300	\$450
5 th to 8 th Grade	\$400	\$550
9 th to 12 th Grade	\$450	\$600

Payment is due by the 15th of each month.

	Constituent	Non-Constituent	International	Family/employee Discount
Pre-K & K	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600		
1 st – 6 th Grade	<input type="checkbox"/> \$425	<input type="checkbox"/> \$600	<input type="checkbox"/> \$7,500	
7 th - 8 th Grade	<input type="checkbox"/> \$450	<input type="checkbox"/> \$625	<input type="checkbox"/> \$8,000	
9 th - 10 th Grade	<input type="checkbox"/> \$500	<input type="checkbox"/> \$650	<input type="checkbox"/> \$8,500	
11 th – 12 th Grade	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$8,500	

Payment method is due by the 15th of each month. (Please initial your agreement below)

Full Year (Due by September 30th) _____

Semester (Due August 31st and January 1st) _____

Monthly (Due by the 15th of each month) _____

Amount paid today _____

Comments (Discount/Payment in full: 10%, One Semester 5%) _____

I understand that all charges are due to Parkview Adventist Academy by the 15th of every month and become delinquent at the end of each month. I also understand that all accounts with Parkview Adventist Academy must be paid in full before any transcripts or diplomas will be released.

I agree to assume the financial responsibility for education expenses for my child at Parkview Adventist Academy as specified in the student handbook. Please note for accounts sixty days past due, students will not be allowed to attend classes.

Signed _____ Date _____
 Parents/Responsible Party

Signed _____ Date _____
 Treasurer