



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 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: _____