



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

**2022-2023 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 <sup>th</sup> Grade	\$300	\$450
5 <sup>th</sup> to 8 <sup>th</sup> Grade	\$400	\$550
9 <sup>th</sup> to 12 <sup>th</sup> Grade	\$450	\$600

Payment is due by the 15<sup>th</sup> of each month.

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

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

Full Year (Due by September 30th) \_\_\_\_\_

Semester (Due August 31<sup>st</sup> and January 1<sup>st</sup>) \_\_\_\_\_

Monthly (Due by the 15<sup>th</sup> 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 15<sup>th</sup> 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