

PARKVIEW BAPTIST ACADEMY

70 GOLFVIEW DR. NORTHLAKE, IL 60164
PHONE – (708)562-2351 FAX – (708)562-3041

APPLICATION FOR ADMISSION

Date _____

Student's Full Legal Name _____

Name by which student is called _____

Sex _____ Race _____ Is your student adopted? _____

Applying for grade _____ Desired entrance date _____

Place of birth _____ Date of birth _____

Parent's Name _____

Mailing Address _____

City, State, ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address: _____

Mission and Purpose

The mission and purpose of Parkview Baptist Academy is to assist parents in their God-given responsibility of educating their children by providing a Christ-centered environment where students are trained spiritually, academically, socially, and physically. PBA seeks to prepare students for a lifetime of service for God and others by teaching them to apply God's Word to their daily living.

Are you in agreement with our mission and purpose statement?

No Yes

Do you consider your home to be a Christian home?

No Yes

Please explain _____

Name(s) and mailing address of person(s) responsible for school bill _____

Relationship to student _____

How did you hear about Parkview Baptist Academy? _____

Why are you considering Parkview Baptist Academy? _____
(Use additional paper if necessary) _____

Does the family attend church regularly? No Yes
(If yes, please give specific denomination) _____

Please give full name and address where church membership is currently held:

Has the student ever been arrested? No Yes
(If yes, use additional paper to explain.) _____

Does the student live with both natural parents? No Yes

If no, what best describes your family situation? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Mother and stepfather | <input type="checkbox"/> Mother only |
| <input type="checkbox"/> Father and stepmother | <input type="checkbox"/> Father only |
| <input type="checkbox"/> Living together | <input type="checkbox"/> Divorced/separated |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparents |

Please indicate the following:

- | | | | |
|---|--------------------------------|--------------------------------------|-------|
| <input type="checkbox"/> Legal custody | <input type="checkbox"/> Joint | <input type="checkbox"/> Sole – who? | _____ |
| <input type="checkbox"/> Physical custody | <input type="checkbox"/> Joint | <input type="checkbox"/> Sole – who? | _____ |

By signing this form, I agree and consent to the enrollment of my above named child at Parkview Baptist Academy. I understand that signing this consent does not entitle me to extra copies of my child's academic and behavior records or extra time with my child's teachers.

Your signature: _____ Date: _____

Name of last school attended: _____

Complete mailing address of school: _____

Telephone number of school: _____

Name and title of principal or guidance counselor: _____

If this is a Christian school, did you leave with an outstanding account balance? No Yes

Reason for leaving the previous school _____

Is your student currently receiving a corporate tax incentive scholarship? No Yes

Name of the scholarship agency _____

Has the student ever had serious behavior problems? No Yes
(If yes, please explain in detail.) _____

Has the student ever been suspended from school? No Yes
(If yes, please explain in detail.) _____

Has the student ever been asked to leave a school? No Yes
(If yes, please explain in detail.) _____

Has the student ever been retained? No Yes
(If yes, please indicate grade and year.) _____

Has the student ever had excessive absences in school? No Yes
(If yes, state reason and year) _____

Does the student have any of the following items in their room?
Yes or No: Radio/stereo TV Nintendo Phone
 Computer (Internet Access)

Has the student been tested for learning problems? No Yes
(If yes, please state the diagnosis) _____

Does the student know his/her multiplication tables? No Yes

List names and addresses of other schools the student has attended. _____

Overall ability of student *Above average* *Average* *Below Average*

Ninth-Twelfth Grade Only (these 3 questions)

Did the previous school have the block scheduling system? _____ No _____ Yes

How many high school credits has the student earned? _____

What courses is the student presently taking? _____

Does the student have any physical condition that might affect his/her safety or adjustment to school?

No Yes

If yes, please explain: _____

Has the student ever had problems with and/or been treated for use of any of the following?

No Yes

____ *Drugs* ____ *Alcohol* ____ *Tobacco* ____ *Smoking* _____ *Other*

(If yes, use additional paper to explain in detail)

Is the student presently taking any prescription medication regularly? No Yes

(If yes, give name of medication, dosage, and condition for the prescribed medication)

Has the student been hospitalized within the past year? No Yes

(If yes, give date(s) and reason(s.)) _____

Has the student ever been treated for any nervous, mental, or emotional disorder?

No Yes

(If yes, give when and over how long of a period) _____

Please list any additional comments that might have a bearing on school adjustment, achievement, or behavior:

To the best of our knowledge, this application for admission has been completed with all the information requested. Any omissions or misrepresentations could result in the student's dismissal.

Parent's Signature

Student's Signature (grades 7-12)