



# Parkview Christian School

"Moving students to their God-given potential"  
4400 North First Street \* Lincoln, NE 68521 \* 402-474-5820

## Enrollment Application

Parkview Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs & activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national & ethnic origin in administration of its educational policies, admissions policies, scholarship program, athletic & other school-administered programs.

**\*\*REQUIRED AT TIME OF ENROLLMENT:** Certified Birth Certificate (w/ raised seal) and immunization records.

Students Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Students Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_\_Caucasian \_\_\_\_\_African American \_\_\_\_\_Hispanic \_\_\_\_\_American Indian \_\_\_\_\_Asian

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Applying For \_\_\_\_\_ Grades Repeated \_\_\_\_\_

Child Resides with \_\_\_\_\_Both Parents \_\_\_\_\_Mother Only \_\_\_\_\_Father Only \_\_\_\_\_Other

Previous School Attended \_\_\_\_\_ Students attitude toward school \_\_\_\_\_ Allergies \_\_\_\_\_

Church You Attend \_\_\_\_\_ Are you a member? \_\_\_\_\_Yes \_\_\_\_\_No

If K-4 enrollment exceeds the class limit, we will offer 2 sessions per day. If that were the case, which session would you prefer? In some cases, we may be able to accommodate friend requests, please fill in if applicable. (Please keep in mind that priority will be given according to enrollment date.)

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Friend Request \_\_\_\_\_

If the event of an emergency and a parent/guardian can not be reached:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that any agreement with Parkview Christian School is confidential and is the property of Parkview Christian School. If this agreement is discussed with anyone other than Parkview Christian Administration, the agreement may be terminated.

### Parent or Guardian Information

Father

Mother

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ © \_\_\_\_\_

Phone \_\_\_\_\_ © \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**(turn over)**

**Questions for Parents or Guardians:**

(Please answer each of the following questions, If you need additional space for your responses, please attach a separate sheet of paper.)

1. Why do you want your child/children to be educated in a Christian School?

2. Do you define yourself as a Christian? \_\_\_\_\_Yes \_\_\_\_\_No  
(If yes, please explain what this means to you.)

3. Are you an active member of a Christian church? \_\_\_\_\_Yes \_\_\_\_\_No  
Name of Church\_\_\_\_\_

4. How do you see yourself being involved in the education of your child/children at Parkview Christian School?

5. When do you want your child/children to begin attending Parkview Christian School?  
Date:\_\_\_\_\_

6. Do you agree to have your child/children educated according to the Statement of Faith of Parkview Christian School?

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date