



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

**Please print,
 complete and
 turn into school
 office along with
 enrollment fee.**

Enrollment Application Form
 School Year _____

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 (waiver must be official document and notarized).**

Student's Last Name _____ First _____ Middle _____ Date _____

Address _____ City _____ State _____ Zip _____ Primary Contact # _____

Social Security Number _____ Student's Age _____ Date of Birth _____

Gender: Male _____ Female _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Race: Caucasian _____ African American _____ American Indian _____ Asian _____ Mutli _____ Other (Please specify) _____

Grade Applying For _____ Previous School _____

Allergies _____

Church You Attend _____ Are you a member? Yes _____ No _____

Parent or Primary Care Giver Information

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 _____

Relationship to child:
 Mother Father
 Other (Please specify) _____

Relationship to child:
 Mother Father
 Other (Please specify) _____

Contact Allowed Has Custody

Contact Allowed Has Custody

Lives With Ed. Rights Mailings Allowed

Lives With Ed. Rights Mailings Allowed

 Parent or Care Giver Signature Date

 Parent or Care Giver Signature Date

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

Additional Contacts Permission Sheet

Anyone not listed on this document will NOT have any permissions concerning your student.

Last Name _____

First Name _____

Telephone _____

Email Address _____

Relationship to child _____

Contact Allowed Has Custody

Lives With Ed. Rights Mailings Allowed

Emergency Contact Dismissal Approval

Last Name _____

First Name _____

Telephone _____

Email Address _____

Relationship to child _____

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