

PARKWAY SCHOOL

PreK-8th Grade

APPLICATION FOR ADMISSION 2014 - 2015

K-8th Grade

Instructions: Please complete all requested information and return with the following:

1. Copy of birth certificate
2. Recent photograph
3. Medical Form completed by the doctor
4. Immunization Record
5. Sealed Student Record
6. Non-Refundable registration fee of Late Registration \$

NB. There are no refunds of any kind after August 1st

Student Information: New Student Returning Student Summer School Student *(Please check)* **Date:**

Full Name:	SSN: _____ - _____ - _____	Phone:
Home Address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	Place of Birth:	Date of Birth:

EDUCATION HISTORY

Last School Attended:		
School Address:	Grade Completed:	
City:	State:	Phone:
Independent IEP Services:	Teacher's Name:	Contact Number:

FAMILY INFORMATION: MARITAL STATUS & GUARDIANSHIP

Married Divorced Single Other *(Please check)* Married Divorced Single Other *(Please check)*

PARKWAY SCHOOL

PreK-8th Grade

Mother's Information

Name _____

Address _____

Apt # _____ City _____ State _____ Zip _____

Phone (Home) _____ - _____ - _____ (Cell) _____ - _____ - _____

Occupation _____

Employer _____

Employer's Address _____

Business Phone _____ - _____ - _____ Ext. _____

Email: _____

How did you hear about Parkway School? _____

Father's Information

Name _____

Address _____

Apt # _____ City _____ State _____ Zip _____

Phone (Home) _____ - _____ - _____ (Cell) _____ - _____ - _____

Occupation _____

Employer _____

Employer's Address _____

Business Phone _____ - _____ - _____ Ext. _____

Email: _____

OTHER CHILDREN OR STEP-CHILDREN LIVING IN THE HOME

Name:	Age:	School:
Name:	Age:	School:

IN CASE OF EMERGENCY – INDICATE CHOICE (PLEASE CHECK)

<input type="checkbox"/> Take child to hospital at parent's expense	<input type="checkbox"/> Render first Aid then take child to the hospital at parent's expense	<input type="checkbox"/> Contact: Phone#:
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EMERGENCY CONTACT

Physical Disabilities & Allergies:	Closest Relative:
Name & Phone #:	Name & Phone #:

AUTHORIZED PICK-UP PERSONS

Name	Telephone Number	Relationship to Student

TUITION PAYMENT PLANS and ENROLLMENT AGREEMENT

The School fee is \$per year. Below are the three (3) payment plans. Please indicate which payment plan you are using this school year (check one).

Monthly: I am required to make nine (9) payments. The first payment of \$is due on July 1st. The remaining eight payments are due on the first of each month starting in October and ending in May.

Half-Yearly: I am required to make two (2) payments of \$ along with the registration fee of \$ The first payment is due on July 1st and the second payment is due on January 5th.

Yearly: I am required to pay one (1) payment of \$for the school year. This payment is due on July 1st along with the registration fee of \$

Please note that the registration fee is non-refundable. You are required to pay the full tuition regardless of the number of days your child attends school.

Fees paid after the tenth day of the month are considered late and are subjected to a late fee. Please refer to the payment schedule.

Withdrawals: All registration and payment contracts are for the full academic year. Once you have registered in the program you will be held responsible for the entire cost for tuition (\$) **There will be no refunds for early withdrawal.** You are required to notify the office in writing if you are withdrawing your child from the program.

I agree to pickup up my child promptly at dismissal if he/she is not enrolled in an after school program or tutorial program. I know that school dismisses Monday – Thursday at 3pm and Fridays at 1:30pm. I know that tutorial program ends at 4:15pm and after school programs ends at 6:00pm.

I understand that lateness will result in my child being sent to after school program for the day and I will be responsible for charges incurred. I understand that if my child is not picked up on time from the tutorial or after school program I will be subjected to a late fee of \$ for the first 15 minutes, and an additional \$per minute thereafter until my child is picked up.

I understand that all textbooks are a property of Parkway School and must be returned in good condition at the end of the academic year. I understand that I will be responsible for paying the cost of each damaged textbooks.

I understand that the administration of Parkway School reserves the unquestionable right to disallow readmission of any student on the grounds of continuous disruptive behavior.

I understand that no academic records will be released for my child if tuition balance remains outstanding or if textbooks loaned to my child were not returned at the end of the school year.

I agree that if my child is not enrolled in the school lunch program I will provide him/her with a boxed lunch and a snack each day.

I have read and verified that the information provided on this form is true and accurate. My signature indicates acceptance of Parkway School's policies. I also agree to make the appropriate payments in accordance with the rules of this contract. I understand that Parkway School reserves the right to suspend my child if tuition payments are delinquent. I understand that payment must be made by cash, money order or bank checks. No personal checks are accepted. I agree to abide by all the terms of this contract.

Parent's/Guardian's Name: _____ (Print) _____ (Sign) Date: ____/____/____

[Empty box for parent/guardian name]

FOR OFFICE USE ONLY
Date Received _____
Tour _____