

# PARKWAY SCHOOL

PreK-8<sup>th</sup> Grade

## APPLICATION FOR ADMISSION

### Pre-School Program

**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. The weekly fee is required as long as a space is retained in our program for your child, even if the child is absent from school for any period. In addition, parents must provide change of clothing, wipes and pampers.**

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

Student Program:  PreK-2  PreK-3  PreK-4  PreK-4 Extended *(Please check)*

Full Name:	SSN: _____ - _____ - _____	Phone:
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Home Address:

City:	State:	ZIP Code:
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<input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	Place of Birth:	Date of Birth:
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### EDUCATION HISTORY

Last School Attended:

School Address:	Grade Completed:
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City:	State:	Phone:
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Independent IEP Services:	Teacher's Name:	Contact Number:
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### FAMILY INFORMATION: MARITAL STATUS & GUARDIANSHIP

Married  Divorced  Single  Other \_\_\_\_\_ *(Please check)*  Married  Divorced  Single  Other \_\_\_\_\_ *(Please Check)*

# PARKWAY SCHOOL

PreK-8<sup>th</sup> Grade

## Mother's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

## Father'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? \_\_\_\_\_

## 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 AND ENROLLMENT AGREEMENT

I understand that the tuition for my child to attend school is \$per week. It is due on Monday or the first day of school for the week that the child attends school.

I understand that if payment is not made by the due date it will be considered late. It will be subjected to a late fee of \$and an additional for each week it remains unpaid.

I understand that payment of the weekly fee is required whether or not my child is present in school during any given week.

I understand that Parkway Pre School is a year round program beginning in September and ending in August. I also understand that my child is allowed only two weeks absents from the program during the summer session, (June – August) without charge when the main office is notified in writing.

I understand that the hours of operation for the Pre School Program is from 7:00am – 6pm Mondays through Fridays. I agree to drop my child off at school no later than 9:00 am and to pick up my child no later than 6:00pm.

I understand that if my child is not picked up by 6:00pm 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 the administration at Parkway School reserves the unquestionable right to disallow readmission of any student on the grounds of continuous disruptive behavior.

I understand that at least one complete suite of clothing (including diapers if he/she is not potty trained) must be left with my child in school each day.

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

Withdrawals: All registration and payment contacts are for the full academic year. Once you have registered in the program you will be held responsible for tuition payments which are due on a weekly basis (\$per week). **There will be no refunds** for early withdrawal. You are required to notify the office in writing if you are withdrawing your child.

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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print) (Sign)

FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_  
Tour \_\_\_\_\_