

Application for Admission

Parkview Adventist Academy

5505 College Avenue, Lacombe, AB T4L 2E7

(403)782-3381 ext. 4112 Fax: (403)782-7308

Applying for 20 ___ to 20 ___ School Year

PLEASE PRINT CLEARLY and fill in the ENTIRE form and ATTACH the required documents.

Student Data:

Legal Name: _____
Last First Middle

The names below are what will be used for routine school process.

Common Name: _____
First (Nick Name) Last (Supply only if different from legal)

Gender: ___ Male ___ Female Registering for grade: 10 11 12 Upgrade
(Circle one)

Birthdate: _____ Applying as a: ___ Day Student ___ Dorm Student
YY/MM/DD (If you are applying as a Day student but will not be living with your parent(s) you MUST fill in the guardian information on page 2)

I am living with ___ Both parents ___ Mother Only ___ Father Only ___ Guardian ___ On My Own

Home address: _____
(Please give complete address)

Home Phone: _____ Unlisted? ___ Yes ___ No Cell Phone: _____
Please include area code

Student's E-mail address: _____

Social Insurance # _____ Health Care # _____ Province _____
(Please attach photocopies of the above SIN # and Health Care #)

Citizenship: ___ Canadian (Please attach a photocopy of your birth certificate, Canadian Citizenship Card, Adoption Certificate or Permanent Landed Immigrant/Resident Certificate)

___ USA (Please attach a photocopy of your Passport/Visa) Expiry date: _____

___ Other (Please specify) _____ Expiry date: _____
(Please attach a photocopy of your Passport/Visa)

Religious Affiliation _____ SDA Baptized? ___ Yes ___ No

Family Information:

Mother:

Name: _____ Home phone: _____
(If different from student's)

E-mail: _____ Home fax: _____

Address: _____
(Please give complete address if different from student's)

Occupation: _____ Work phone: _____ ext. _____

Place of Employment: _____ Work fax: _____

Religion of the Mother: _____ Cell Phone: _____

Father:

Name: _____ Home phone: _____
(If different from student's)

E-mail: _____ Home fax: _____

Address: _____
(Please give complete address if different from student's)

Occupation: _____ Work phone: _____ ext. _____

Place of Employment: _____ Work fax: _____

Religion of the Father: _____ Cell Phone: _____

Foreign students, students who do not live with their parents or students who will be living during the school year with someone who is not their parent, must fill in the following information. PLEASE NOTE: If you will be living during the school year with someone who is NOT your parent, your housing must be approved by the PAA Administration.

Guardian:

Name: _____ Home phone: _____
(If different from student's)

E-mail: _____ Home fax: _____

Address: _____
(Please give complete address if different from student's)

Occupation: _____ Work phone: _____ ext. _____

Place of Employment: _____ Work fax: _____

Parents are: Married Separated Divorced Widowed

If the student's parents do not live together who should receive information regarding the student? (grades, etc.)

Both Parents Mother Only Father Only Guardian Guardian Only

In the case of an emergency, who should be contacted?

Both Parents Mother Only Father Only Guardian Guardian Only

Last School Attended:

Name: _____
(Please give the full name)

Address: _____
(Please give full address)

Phone: _____ Fax: _____

Please answer the following questions completely and honestly.

Why do you want to attend Parkview Adventist Academy? _____

Describe the curricular and extracurricular activities that you are interested in: _____

Have you ever been suspended from school? ____ Yes ____ No

If Yes, please explain when, where and why. _____

Within the last year, have you used? Tobacco ____ Yes ____ No

Alcohol ____ Yes ____ No

Illegal Drugs ____ Yes ____ No

(Please understand that if you answered yes to any of the above, it does not necessarily mean that you cannot be accepted at PAA)

Please read the following statements and sign on the lines.

I understand that if I am enrolled at Parkview Adventist Academy it will mean a commitment to refrain from any of the above substances. If I do break my commitment, I may be asked to leave the school.

Date _____

Student Signature

Included in our application packet is our handbook. It contains the philosophy, standards and rules of PAA.

I have read the handbook and agree with the Philosophy and standards and will obey the rules at Parkview Adventist Academy.

Date _____

Student Signature

Parental or Guardian Pledge

I have read and understand fully the educational philosophy, as well as the Christian principles governing campus life at **Parkview Adventist Academy**. I willingly pledge to support the standards of the school.

Parent or Guardian Signature