

# CHURCH SCHOOL ENROLLMENT FORM

School Year \_\_\_\_\_ Public School District \_\_\_\_\_

## I. TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Parent's or  
Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Church School: Calvary Christian School School Phone: (205) 491-1885

Address: 7570 15<sup>th</sup> Street Road Concord, Al. 35023 School Fax: (205) 491-1950

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name: Calvary Christian School

School Phone: (205) 491-1885 Fax: (205) 491-1950

Date of Enrollment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for School Year \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Church School Administrator

## III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I hereby give prior consent to the administrator of Calvary Christian School to notify the public school superintendent the above named student cease attendance at said school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Original to local School Superintendent

Copy 1 to School File

Copy 2 to Parents

<b>Office Use Only</b>	
Date Sent _____	Initial _____
Withdrawn _____	Initial _____