

Church School Enrollment Form

School Year: _____ Public School District _____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Full Legal Name: _____

Street or Mailing Address: _____

City/State/Zip: _____

Home Phone + area code: (____) _____

Date of Birth: _____ Grade: _____

Parent or Guardian's Name: _____

Address (if different): _____

Home Phone (if different): _____

Church School of Enrollment: Sacred Grove Academy

Address: P.O. Box 3338, Phenix City, Alabama, 36868

School Phone: 229-669-5991

Signature of Parent or Guardian: _____

(NOT VALID UNLESS SIGNED BY PARENT)

Date: _____

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School: Sacred Grove Academy

Address: P.O. Box 3338, Phenix City, Alabama, 36868

School Phone: 229-669-5991

Date of Student Enrollment: _____ for _____ school year

Signature of Administrator: _____

(NOT VALID UNLESS SIGNED BY ADMINISTRATOR)

Date: _____

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

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

Signature of Parent or Guardian: _____

(NOT VALID UNLESS SIGNED BY PARENT)

Date: _____