

CHURCH SCHOOL ENROLLMENT FORM

School Year _____ Public School District _____

I. TO BE COMPLETED BY A PARENT OR GUARDIAN

Name of Student: _____ Home Phone: _____

Home Address: _____

City: _____ State: AL Zip: _____

Date of Birth: _____ Grade: _____

Name of Parents/Guardians: _____ Phone: _____

Home Address: _____

City: _____ State: AL Zip: _____

Church School of Enrollment: North Alabama Christian School Phone: (256) 895-8717
Address: 1519 Old Monrovia Rd, Huntsville, AL 35806

Date Signature of Parent or Guardian

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name: North Alabama Christian School Phone: (256) 895-8717
Address: 1519 Old Monrovia Rd, Huntsville, AL 35806

Student's Date of Enrollment: _____ for _____ School Year

Date Signature of Church School Administrator

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

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

Date Signature of Parent or Guardian