

Church / Home School Enrollment Form

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| School Year: | Public School District: |
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Part 1 – To be completed by Parent or Guardian

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|----------------------------|----------------------------------|-------------|
| Student's Name: | Date of Birth: | Grade: |
| Parent or Guardian's Name: | Home Phone: | |
| Address: | City: | State: Zip: |
| Date: | Signature of Parent or Guardian: | |

Part 2 – To be completed by Church School Administrator

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| Church School Name: | School Phone: |
| Address: | City: State: Zip: |
| Date of Enrollment: | Signature of Church School Administrator: |

Part 3 – Consent of Notification of Student Withdrawal

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|--|---------------------------------|
| I hereby give prior consent to the Church School Administrator to notify the Public School Superintendent MCPSS Attendance Department P.O. Box 180069 Mobile Al 36618 should the above named Student cease attendance at said Church School. | |
| _____ | _____ |
| Date | Signature of Parent or Guardian |

Original to: MCPSS – Attendance Dept
P.O. Box 180069
Mobile, Al 36618

Copy 1 to: Church School Files

Copy 2 to: Parents