

Church School Enrollment Form

School Year _____

Public School District _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Home Phone: (____) ____ - _____

Home Address

(City) (State) (Zip Code)

Date of Birth: ____/____/____ Grade: ____

Parent or Guardian's Name _____ Phone: (____) ____ - _____

Home Address

(City) (State) (Zip Code)

Church School of Enrollment _____ School Phone (____) ____ - _____

School Address

(City) (State) (Zip Code)

Date: ____/____/____

Signature of Parent or Guardian

TO BE COMPLETE BY CHURCH SCHOOL ADMINISTRATOR

Church School Name _____ School Phone (____) ____ - _____

School Address

(City) (State) (Zip Code)

Date of Student Enrollment: ____/____/____ for _____ School Year

Date: ____/____/____

Signature of Church School Administrator

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

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

Date: ____/____/____

Signature of Parent or Guardian