

CHURCH SCHOOL ENROLLMENT FORM

School Year:	Public School District:
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I. TO BE COMPLETED BY PARENT / GUARDIAN

Student's Name:	Home Phone:
Home Address:	City & Zip
Date of Birth:	Grade:
Parent's or Guardian's Name:	Home Phone:
Home Address:	City & Zip
Church School of Enrollment: <i>LIFE ACADEMY</i>	School Phone: 256-413-3010
Address: <i>4545 Rainbow Drive</i>	<i>Rainbow City, AL 35906</i>
Date: _____ Signature of Parent or Guardian: _____	

II. TO BE COMPLETED BY THE CHURCH SCHOOL ADMINISTRATOR

Church School Name: <i>LIFE ACADEMY</i>	School Phone: 256-413-3010
Address: <i>4545 Rainbow Drive</i>	<i>Rainbow City, AL 35906</i>
Date of Student Enrollment _____	For 20____ - 20____ School Year
Date: _____ Signature of School Administrator: _____	

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

<p>I hereby give prior consent to the administrator of LIFE ACADEMY to notify the public superintendent should the above named student cease attendance at said school.</p> <p>Date: _____ Signature of Parent or Guardian: _____</p>
