

Church School Enrollment

Name and address of the Public School District (superintendent's office) for which student's residence is zoned:

School District : _____

Address _____
Street P.O. Box (if applicable)

City, State Zip Code _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Birth Date ____/____/____ Grade _____
(one child per form)

Address _____
Street P.O. Box (if applicable)

City, State Zip Code _____

Parent/Guardian's Name _____

Phone _____ Email _____

_____/_____/_____
Signature of Parent/Guardian Date

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of New Hope Christian Homeschool to notify the public school superintendent of above-named school district should the above-named student cease attendance at said school.

_____/_____/_____
Signature of Parent/Guardian Date

TO BE COMPLETED BY CHURCH SCHOOL

New Hope Christian Homeschool
c/o Jennilee Miller or Marci Batchelor
PO Box 482 • 24235 State Hwy 129
Haleyville, AL 35565
(205) 447-5037

Date of Church School Enrollment: ____/____/____ Date of Church School Withdrawal: ____/____/____

Church School Administrator Date Church School Administrator Date

The church school administrator will forward a copy of this form to the superintendent of the school district listed above upon enrollment and again upon withdrawal of this student. Please allow time for this process to occur

Original to County School Superintendent Copy 1 to school file Copy 2 to Parents