

## CHURCH SCHOOL ENROLLMENT FORM

School Year: \_\_\_\_\_ Public School District: \_\_\_\_\_

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### I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone (if different): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

*(NOT VALID UNLESS SIGNED BY PARENT OR GUARDIAN)*

Date: \_\_\_\_\_

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### II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School: Sovereign Grace Academy, a homeschool ministry of Millbrook Presbyterian Church

Address: P.O. Box 426, Millbrook, AL 36054

School Phone: 334-285-4031

Date of Student Enrollment: \_\_\_\_\_ for \_\_\_\_\_ school year

Signature of Administrator: \_\_\_\_\_

*(NOT VALID UNLESS SIGNED BY ADMINISTRATOR)*

Date: \_\_\_\_\_

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### III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL TO BE COMPLETED BY PARENT OR GUARDIAN

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

Signature of Parent or Guardian: \_\_\_\_\_

*(NOT VALID UNLESS SIGNED BY PARENT OR GUARDIAN)*

Date: \_\_\_\_\_