CHURCH SCHOOL ENROLLMENT FORM

School Year 20___- 20___ Public School District _____

I. To be completed by Parent or Guardian

Student's Name _____ Home Phone_____
First Middle Last
Home Address_____

_____

Date of Birth_____ Grade_____

Parent or Guardian's Name_____Home Phone_____

Home Address_____

_____

Church School of Enrollment Address: **Covenant Christian Academy (205) 882-3668**
926 Weatherly Road
Huntsville, AL 35803

_____ _____
Date Signature of Parent or Guardian

_____

II. To be completed by the Church School Administrator

Church School Address: Covenant Christian Academy (205) 882-3668
926 Weatherly Road
Huntsville, AL 35803

Date of Student Enrollment _____for 20___ -20 ___ School Year

Signature of School Official_____

III. Consent for Notification of Student Withdrawal

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

_____ _____
Date Signature of Parent or Guardian