

CHURCH SCHOOL STUDENT ENROLLMENT FORM

To be completed by Parent/Legal Guardian:

School Year: _____ Public School District: _____

Student's Name: _____

Date of Birth: _____ Grade: _____

Home Address:

Street

City

Zip

Primary Phone Number: _____

Name of Parents/Legal Guardian: _____

I hereby certify the child identified above is enrolled with The Way Home Christian School and I give prior consent* to the administrator of The Way Home Christian School to notify the public school superintendent's office should the above named student cease attendance at this school.

Signature of Parent/Legal Guardian: _____

Date: _____

*Alabama Code 16-28-7 states should the child cease attendance at a church school, the parent, guardian, or other person in charge or control of the child shall by prior consent at the time of enrollment direct the church school to notify the local public school superintendent or his or her agent that the child no longer is in attendance.

To be completed by Church School Administrator:

School of Enrollment:
The Way Home Christian School
PO Box 159 3683 Eva Rd
Eva AL 35621

School Phone: 256 796 8533

Date of Student Enrollment: _____

Signature of Administrator: _____

Date: _____