

CHURCH SCHOOL ENROLLMENT FORM

School Year: 2019-2020 Public School District: ___Huntsville City ___Madison County ___Madison City
___Limestone County ___Morgan County or Other_____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____ Home Phone _____

Home Address _____

Date of Birth _____ Grade _____

Parents' or _____ Home Phone _____
Guardian's Name

Home Address (*if different from above*) _____

Church School Calvary Baptist Academy School Phone 256.721.1658

Address 126 Douglass Road, NW Huntsville, Alabama 35806

_____ X _____

(Date)

(Signature of Parent of Guardian)

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Calvary Baptist Academy School Phone 256.721.1658

Address 126 Douglass Road, NW Huntsville, Alabama 35806

Date of Student Enrollment _____ for 2019-2020 School Year

_____ (Date) _____ (Signature of Church Administrator)

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of Calvary Baptist Academy Church School to notify the public school superintendent should the above named student cease attendance at said school.

_____ XX _____ X _____

(Date)

(Student's Name)

(Signature of Parent of Guardian)