

**Church School Enrollment Form**

School Year 2017-2018	Public School District
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*Part 1 - To be completed by Parent or Guardian*

Student's Name		Date of Birth	Grade
Parent or Guardian's Name		Home Phone	
Address	City	State	Zip
Church School of Enrollment <b>Calvary School</b>		School Phone 256-682-4442	
Date		Signature of Parent or Guardian	

*Part 2 – To be completed by Church School Administrator*

Church School Name <b>Calvary School</b>		School Phone 256-682-4442	
Address P. O. Box 672	City Madison	State AL	Zip 35758
Date of Student Enrollment	School Year		
Date	Signature of Church School Administrator		

*Part 3 • Consent for Notification of Student Withdrawal*

I hereby give prior consent to the Administrator of Calvary School to notify the Public School Superintendent should the above named Student cease attendance at said School.	
_____	_____
Date	Signature of Parent or Guardian

Original to local school superintendent

Copy 1 to school file

Copy 2 to parents