

**ALABAMA CHURCH SCHOOL - CHURCH SCHOOL ENROLLMENT FORM**

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**I. TO BE COMPLETED BY PARENT OR GUARDIAN:**

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

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**II. TO BE COMPLETED BY PARENT: CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL**

I hereby give prior consent and direct the administrator of Alabama Church School to notify the public school superintendent should the above-named student cease attendance at said school.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

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**III. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR**

Church School of Enrollment: **Alabama Church School (ACS)**  
Address: **P.O. Box 1330 Slocomb, AL 36375**  
Phone: **(334) 553-3444**

\_\_\_\_\_  
**Administrator's Signature**

\_\_\_\_\_  
**Date**