

Church School Enrollment Form

School Year	Public School District
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<i>Part 1 – To be completed by Parent or Guardian</i>			
Student's Name		Date of Birth	Grade
Parent or Guardian's Name		Home Phone	
Address	City	State	Zip
Church School of Enrollment Praise Christian School		School Phone 251 219-4460	
_____		_____	
DATE		Signature of Parent or Guardian	

<i>Part 2 – To be completed by Church School Administrator</i>			
Church School Name Praise Christian School		School Phone 251 219-4460	
Address 2633 Dawes Road	City Mobile	State AL	Zip 36695
Date of Student Enrollment		School Year	
_____		_____	
Date		Signature of Church School Administrator	

<i>Part 3 – Consent for Notification of Student Withdrawal</i>	
<p>I hereby give prior consent to the Administrator of _____ Praise Christian School _____ to notify the Public School superintendent should the above named Student cease attendance at said School.</p>	
_____	_____
Date	Signature of Parent or Guardian