

CHURCH SCHOOL ENROLLMENT FORM

School Year: _____ Public School District: _____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name: _____

Street or Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Date of Birth: _____ Grade: _____

Name of Parent or Guardian: _____

Address (if different): _____

Phone (if different): _____

Signature of Parent or Guardian: _____

(NOT VALID UNLESS SIGNED BY PARENT OR GUARDIAN)

Date: _____

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School: Outlook Academy, a homeschool ministry of Prattville Primitive Baptist Church

Address: P.O. Box 1027, Millbrook, AL 36054

School Phone: 334-290-0919

Date of Student Enrollment: _____ for _____ school year

Signature of Administrator: _____

(NOT VALID UNLESS SIGNED BY ADMINISTRATOR)

Date: _____

**III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL
TO BE COMPLETED BY PARENT OR GUARDIAN**

I hereby give prior consent to the administrator of the above named church school to notify the public school superintendent should the above named student cease attendance at said school.

Signature of Parent or Guardian: _____

(NOT VALID UNLESS SIGNED BY PARENT OR GUARDIAN)

Date: _____