

CHURCH SCHOOL ENROLLMENT FORM

School Year _____ Public School District _____

Section I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name _____ Home Phone _____

Home Address _____

City, State _____ Zip Code _____

Date of Birth _____ Grade _____

Parent or Guardian's Name _____ Home Phone _____

Home Address _____

City, State _____ Zip Code _____

Church School of Enrollment _____ School Phone _____

Address _____

City, State _____ Zip Code _____

_____ Date _____ Signature of Parent or Guardian

Section II. TO BE COMPLETED BY CHURCH SCHOOL

Church School of Enrollment _____ School Phone _____

Address _____

City, State _____ Zip Code _____

Date of Student Enrollment _____ for _____ School Year

_____ Date _____ Signature of School Administrator

Section III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

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

_____ Date _____ Signature of Parent or Guardian