CHURCH	SCHOOL	ENROLL	MENT	FORM
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School Year:	l Year: Public School District:			
MU	I. STUDENT INFORMATION JST BE COMPLETED BY PARENT OR GU	UARDIAN		
Student's Name:				
City/State/Zip:	Phone: ()			
Date of Birth:	Age:	Grade:		
Last public school attended:		Withdrawal date:		
Name of Parent or Guardian:				
Signature of Parent or Guardian:				
Date:	(NOT VALID UNLESS SIGNED BY PA	ARENT OR GUARDIAN)		
TO BE C	URCH SCHOOL ENROLLMENT INFO COMPLETED BY CHURCH SCHOOL ADM	MINISTRATOR		
Address: P.O. Box 1027, Millbrook, A School Phone: 334-595-5702	L 36054			
Date of Student Enrollment:	for	school year		
Signature of Administrator:	(NOT VALID UNLESS SIGNED BY AI			
Date:	(NOT VALID UNLESS SIGNED BY AI	DMINISTRATOR)		
	T FOR NOTIFICATION OF STUDEN IST BE COMPLETED BY PARENT OR GU			
	inistrator of the above named church school d student cease attendance at said school.	I to notify the public school		
Signature of Parent or Guardian:				
Date:	(NOT VALID UNLESS SIGNED BY PA	ARENT OR GUARDIAN)		

Date: _____