

# Public School Notification of Church School Enrollment

Public School District: \_\_\_\_\_

School Year: \_\_\_\_\_

## **TO BE COMPLETED BY A PARENT OR GUARDIAN**

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

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

Parent's/Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

Parent's/Guardian's Home Phone #: \_\_\_\_\_

Parent's/Guardian's Work Phone #: \_\_\_\_\_/Cell Phone #: \_\_\_\_\_

Parent's/Guardian's E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of a Parent/Guardian

## **TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR**

Church School Name: Truth And Freedom Home School Academy  
A MINISTRY OF TRUTH AND FREEDOM MINISTRIES, INC.  
153 McGlathery Lane  
Falkville, AL 35622

School Phone: #256/303-7184

Date of Church School Enrollment: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Church School Administrator

## **CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL**

I hereby give prior consent to the administrator of Truth And Freedom Home School Academy to notify the public school superintendent of the above-named school district should the above-named student cease attendance at said school.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of a Parent/Guardian

The Church Administrator will forward a copy of this form to the Superintendent of the school district listed above upon enrollment and again upon withdrawal of this student. Please allow time for this process to occur.