

**RIVER CREST ACADEMY
CHURCH SCHOOL ENROLLMENT FORM
(Please fill out enrollment form for each child)**

SCHOOL YEAR: 2023-2024 SCHOOL DISTRICT: _____

TODAY'S DATE: _____ COUNTY OF RESIDENCE: _____

SECTION I (TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)

STUDENT NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT'S/GUARDIAN'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

SECTION II

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I, _____, hereby give consent to the administrator of RIVER CREST ACADEMY to notify the public school superintendent of _____ in _____ County, Alabama, should the above named student cease attendance at said school.

PARENT'S SIGNATURE

DATE

SECTION III: (TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR)

CHURCH SCHOOL: RIVER CREST ACADEMY
P.O. Box 325
Hope Hull, AL 36043
PH (334) 398-2008

DATE STUDENT ENROLLED: _____

SIGNATURE OF ADMINISTRATOR: _____