

Student Enrollment Form for South Alabama Christian School
A Ministry of Robertsdale Church of Christ

School Year: _____	Public School District: _____
--------------------	-------------------------------

Part I-To be completed by Parent or Guardian		
Student's Name	Date of Birth	Grade
Parent or Guardian's Name	Home Phone	
Address		
Church School Enrollment South Alabama Christian School	School Phone (251)947-5119	Church Phone (251)947-7128

Part II-To be completed by the Church School Administrator	
Church School Name South Alabama Christian School c/o Mitchell Hinton	Administrator's Phone (251)947-5119
Address P.O. Box 413, Robertsdale, AL 36567	
Date of Enrollment	School Year
_____ Signature of Church School Administrator	_____ Date

Part III-Consent for notification of student withdrawal	
I hereby give prior consent to the Administrator of South Alabama Christian School to notify the Public School Superintendent should the above named student cease attendance at said school.	
_____ Signature of Parent or Guardian	_____ Date