



**Enrollment Form**

*(Please complete one per child)*

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

**I. To be completed by parent or guardian:**

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**II. To be completed by church school administrator:**

Church School: Discovery Christian School

Address: PO Box 2596 School Phone: 334-703-4340

City: Auburn, AL 36831

Date of Student Enrollment: \_\_\_\_\_ for \_\_\_\_\_ school year.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

### **III. Consent for Notification of Student Withdrawal**

I hereby give prior consent to the administrator of the above named private church school to notify the public school superintendent should the above named student cease attendance at said church school.

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Signature of Parent or Guardian

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Date