

DAYSPRING ACADEMY CHURCH SCHOOL ENROLLMENT FORM

I. TO BE COMPLETED BY PARENT OR GUARDIAN:

Student Name: _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____

County: _____ Zip: _____ Phone: _____

Parent/Legal Guardian Signature

Date

II. TO BE COMPLETED BY PARENT:

CONSENT for NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of DaySpring Academy to notify the Public school superintendent should the above-named student cease attendance at DaySpring.

Parent/Legal Guardian's Signature

Date

III. TO BE COMPLETED BY ADMINISTRATOR:

Church School of Enrollment:

Address:

Email:

DaySpring Academy/High School

4216 S Butler St, Atmore AL 36502

dayspringacademy1996@gmail.com

Administrator's Signature

Date

4216 S Butler St, Atmore AL 36502 dayspringacademy1996@gmail.com

**DaySpring Academy is a community educational ministry
of the church fellowship in Alabama**