

# DAYSRING 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**  
**1302 Madison Park Dr, Madison, AL 35758**  
**dayspringacademy1996@gmail.com**

\_\_\_\_\_  
**Administrator's Signature**

\_\_\_\_\_  
**Date**

1302 Madison Park Dr, Madison, AL 35758    dayspringacademy1996@gmail.com

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