

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: **DaySpring Academy/High School**

Address: **1302 Madison Park Dr, Madison, AL 35758**

Email: **Admin@dsacademy.org**

Administrator's Signature

Date

1302 Madison Park Dr, Madison, AL 35758 | admin@dsacademy.org

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