

Public School Notification of Church School Enrollment

Public School District: _____

School Year: _____

TO BE COMPLETED BY A PARENT OR GUARDIAN

Student's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent's/Guardian's Name: _____

Address: _____

Parent's/Guardian's Home Phone #: _____

Parent's/Guardian's Work Phone #: _____/Cell Phone #: _____

Parent's/Guardian's E-Mail Address: _____

Date

Signature of a Parent/Guardian

TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name: Truth And Freedom Home School Academy
A MINISTRY OF TRUTH AND FREEDOM MINISTRIES, INC.
62 Livingstone Lane
Decatur, AL 35603

School Phone: #256/303-7184

Date of Church School Enrollment: _____

Date

Signature of Church School Administrator

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of Truth And Freedom Home School Academy to notify the public school superintendent of the above-named school district should the above-named student cease attendance at said school.

Date

Signature of a Parent/Guardian

The Church Administrator will forward a copy of this form to the Superintendent of the school district listed above upon enrollment and again upon withdrawal of this student. Please allow time for this process to occur.