

# NORTHSIDE ACADEMY

## Church School Enrollment Form

School Year:	Public School District:
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***Part 1 - To be completed by Parent or Guardian***

Student's Name:	Date of Birth:	Grade:	
Parent or Guardian's Name:			Home Phone:
Address:	City:	State: AL	Zip:
Church School Of Enrollment: Northside Academy			School Phone:
Date:	Signature of Parent or Guardian:		

***Part 2 - To be completed by Church School Administrator***

Church School of Enrollment: Northside Academy			School Phone:
Physical and Mailing Address: 2700 University Boulevard	City: Mobile	State: AL	Zip: 36618
Date of Student Enrollment:	School Year:		
Date:	Signature of Church School Administrator:		

***Part 3 - Consent for Notification of Student Withdrawal***

<p>I hereby give prior consent to the Administrator of Northside Academy to notify the Public School Superintendent should the above named student cease attendance at said school</p>	
Date:	Signature of Parent or Guardian
<hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/>	