

# 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: <b>Northside Academy</b>		School Phone: (251)457-2464	
Date:	Signature of Parent or Guardian:		

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

Church School of Enrollment: <b>Northside Academy</b>	School Phone: <b>(251)457-2464</b>		
Physical and Mailing Address: <b>2700 N University Boulevard</b>	City: <b>Mobile</b>	State: <b>AL</b>	Zip: <b>36618</b>
Date of Student Enrollment:	School Year:		
Date:	Signature of Church School Administrator:		

*Part 3 - Consent for Notification of Student Withdrawal*

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	
Date:	Signature of Parent or Guardian
<hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/>	