



***Northside Academy***  
***2700 University Blvd. N.***  
***Mobile, AL 36618***  
***251-272-2604***

## **Church School Enrollment Form**

Public School District \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Student's Name	Date of Birth
Parent or Guardian's Name	Home Phone
Address, City , State, Zip	
Parent or Guardian Signature	

### ***Consent for Notification of Student Withdrawal***

I hereby give prior consent to the administration of Northside Academy to notify the Public School Superintendent should the above named student withdraw or fail to renew.

Date

Signature of Parent or Guardian

\_\_\_\_\_

\_\_\_\_\_

Date

Administrator Signature

\_\_\_\_\_

\_\_\_\_\_

*Cecily Howard*

