

# Church School Enrollment

Name and address of the Public-School District (superintendent's office) for which the student's residence is zoned

School District: \_\_\_\_\_

Address \_\_\_\_\_

Street

P.O. Box (if applicable)

City, State, and Zip Code

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## TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

(one child per form)

Address \_\_\_\_\_

Street

P.O. Box (if applicable)

City State, and Zip Code

Parent/Guardian's Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of Parent/Guardian(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I understand that the administrator of New Life Homeschool will notify the public-school superintendent of above-named school district should the above-named student cease attendance at said school or fails to comply with New Life Homeschool requirements.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## TO BE COMPLETED BY CHURCH SCHOOL

### New Life Homeschool

C/O Deronda Tuck  
4739 County Hwy 42  
Hamilton, Al 35570  
(205) 495-4588

### Physical Address

7050 Hwy 524  
Russellville, AL 35653

Date of Church School Enrollment: \_\_\_/\_\_\_/\_\_\_ Date of Church School Withdrawal: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Church School Administrator Date

\_\_\_\_\_  
Church School Administrator Date

The church school 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.

Original to County School Superintendent  
*Deronda Tuck, Admin.*

Copy 1 to school file Copy 2 to Parents  
*Co-Admins: Brandi Tuck & Michalla Jones*