

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

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

NOTIFICATION

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

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: Michalla Jones & Brandi Tuck