



**Christian Fellowship Academy**

*A ministry to inform & encourage Christian families to educate children from a Christian worldview and for fellowship with like minded families.*

**Church School Enrollment Form**

**School Year:** \_\_\_\_\_ **Public School District:** \_\_\_\_\_

**I. TO BE COMPLETED BY PARENT OR GUARDIAN**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church School of Enrollment: **Christian Fellowship Academy**

Address **135 County Road 972** School Phone **256-747-1704**

City **Cullman** State **AL.** Zip. **35057**

\_\_\_\_\_  
Signature of Parent or Guardian Date

**II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR**

Church School of Enrollment **Christian Fellowship Academy**

Address **135 County Road 972** School Phone **256-747-1704**

City **Cullman** State **AL.** Zip. **35057**

Date of Student Enrollment \_\_\_\_\_ for \_\_\_\_\_ school year

\_\_\_\_\_  
Signature of Administrator Date

**III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL**

I hereby give prior consent to the administrator of the above named church school to notify the public school superintendent should the above named student cease attendance at said school

\_\_\_\_\_  
Signature of Parent or Guardian Date