

Montgomery Public Schools

CHURCH SCHOOL ENROLLMENT FORM

I. TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student's Name _____ Home Phone _____

Home Address _____ Zip _____

Date of Birth _____ Age _____ Grade _____

Parent or Guardian Name _____ Home Phone _____

Home Address _____ Zip _____

CHURCH SCHOOL ENROLLMENT _____

School Address _____ Zip _____ School Phone _____

Signature of Parent or Guardian

Date

II. TO BE COMPLETED BY CHURCH/HOME SCHOOL ADMINISTRATOR

Church School Name _____ School Phone _____

School Address _____ Zip _____

Date of Enrollment _____ School Year 20____ - 20____

Signature of Administrator

Date

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of _____
Church/Home School to notify the public school superintendent should the above-
named student cease attendance at said school.

Signature of Parent or Guardian

Date

