

Church School Enrollment Form

School Year: **2016/2017**

Public School District: **Mobile**

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name _____

Date of Birth _____

Grade _____

Address _____ City _____

County _____ Zip _____ Phone _____

Church School of Enrollment: **Al-Iman Academy of Mobile**

Address: **63 East Drive, Mobile, AL 36608**

Name of Parent (Guardian)

Signature of Parent (Guardian)

Date

II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School Name: **Al-Iman Academy of Mobile**

Address: **63 East Drive, Mobile, AL 36608**

Phone: **(251) 380 - 2998**

Date of school enrollment: **July 30th, 2016** for the **2016/2017** school year

Signature of Administrator

Date

III. CONSENT for NOTIFICATION OF STUDENT WITHDRAWAL TO BE COMPLETED BY PARENT

I hereby give prior consent to the administrator of **Al-Iman Academy of Mobile** to notify the Public school superintendent should the above named student cease attendance at said school.

Date

Signature of Parent or Guardian