

# Church School Enrollment Form

## Southern Pines Christian School

School Year: \_\_\_\_\_ / \_\_\_\_\_

### Part 1 – To be completed by Parent or Guardian for each student

Student's Name	Date of Birth	Grade	
Parent or Guardian's Name	Home Phone		
Address	City	State	Zip

### Consent for Notification of Student Withdrawal (Part 3)

By my signature below, I hereby give consent to Southern Pines Christian School to notify the Public School Superintendent should the above named student cease attendance at said school.

\_\_\_\_\_  
Date

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

### Part 2 – To be completed by Church School

Southern Pines Christian School  
6842 Buck Jackson Rd.  
Vernon, AL 35592  
Phone: 205-712-6037

\_\_\_\_\_  
Date of Student Enrollment

\_\_\_\_\_  
Chancy Price, Headmaster