



Liberty Church Christian Academy

School Year **20**____ - **20**____

School District_____

1. To be completed by parent or guardian:

Student's Name_____

Address_____

Home Phone_____

(PO Box, Apt #)_____

Cell Phone_____

(city, state, zip)_____

Other Phone_____

Date of Birth_____

Grade Level_____

Parent or Guardian's Name_____

2. Consent for Notification of Student Withdrawal:

I hereby give prior consent to the administrator of Liberty Christian Academy to notify the Board of Education should the above named student cease attendance at said school.

Signature of Parent or Guardian_____

Date_____

3. To be completed by Church School Administrator:

Church School Name **Liberty Christian Academy**

Phone **256-931-4673**

Address **300 1st Ave NW / PO Box 274 Arab, AL 35016**

Date of Student Enrollment_____

School Year **20**____ - **20**____.

Signature of Administrator_____

***Train up a child in the way he should go, and when he is old he will not depart from it.
Proverbs 22:6***