

Abundant Life Christian Academy

FAMILY REGISTRATION FORM

Family Name: _____ Home Phone #:

Names of children in home: (Put *date of birth* & *current grade* **only** for child(ren) enrolled as students in ALCA.)

Home Address: _____ Alternate phone #:

Parent(s) or Legal Guardian(s) name(s):

Signature of person responsible for teaching:

Additional contact name & number: _____

E-mail Address: _____

Have you schooled at home in the past? ___No ___Yes If yes, please give a brief history of which state you were in and how long you did so:

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Past school enrollment (if applicable): _____

Would your family be interested in participating in the co-op activities? ___No ___Yes

In what ways may we contact you? ___ email (_____)
___mail ___home phone ___cell phone One-Call Now calls to ___home ___cell

Abundant Life Christian Academy

CHURCH SCHOOL ENROLLMENT FORM

Student Name: _____ Phone #: _____

Home Address: _____

Date of Birth: _____ Date of enrollment: _____

Name & location of past school enrollment: _____

Current school grade: _____

My signature indicates enrollment of above named student with ALCA as well as giving prior consent to the Administrator of Abundant Life Christian Academy to notify the public school superintendent should the above named student cease attendance at said school, in accordance with Ala. Code Section 16-28-7-(1975):

Parent or Legal Guardian name and signature:

Print Signature Date

The above-stated student is currently enrolled with:

Abundant Life Christian Academy
PO Box 1969
Pell City, AL 35125.

Signature of School Administrator Date

Student's Public School District: _____

Consent for notification of withdrawal:

I hereby give prior consent to the administrator to notify the public school superintendant, should the above named student cease to attend ALCA.

Parent or Legal Guardian name and signature:

Print Signature Date