

# Church School Enrollment Form

DaySpring Academy is a community educational ministry  
of a church fellowship in Decatur.

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## I TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## COMPLETED BY ADMINISTRATOR

Church School of Enrollment :

**DaySpring Academy/High School**

Address:

**58 Tambourine Lane Decatur AL 35603**

Phone:

**256 353 2592**

\_\_\_\_\_  
**Signature of Administrator**

\_\_\_\_\_  
**Date**

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## II CONSENT for NOTIFICATION OF STUDENT WITHDRAWAL TO BE COMPLETED BY PARENT

I hereby give prior consent to the administrator of DaySpring Academy to notify the  
Public school superintendent should the above named student cease attendance at  
DaySpring.

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Date**