

Church School Enrollment Form

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

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

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

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