

# CHURCH SCHOOL ENROLLMENT FORM

School Year \_\_\_\_\_ Public School District \_\_\_\_\_

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## I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Parent or Guardian's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Church School of Enrollment - First Baptist Opelika Christian School

School Address - P.O. Box 329, Opelika, Alabama 36803 -0329

School Phone - (334)745-5715

I hereby give prior consent to the administrator of First Baptist Opelika Christian School to notify the public school superintendent should the above named student cease attendance at said school.

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

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## II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

First Baptist Opelika Christian School

P.O. Box 329

Opelika, AL 36803-0329

(334)745-5715

Date of Student Enrollment \_\_\_\_\_ for \_\_\_\_\_ school year

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_