

CHURCH SCHOOL ENROLLMENT FORM

SCHOOL YEAR: _____ PUBLIC SCHOOL DISTRICT: _____

I. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

STUDENT'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT OR GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CHURCH SCHOOL OF ENROLLMENT: Our Lady of Good Counsel School, LLC

SCHOOL ADDRESS: 6533 Bear Creek Rd., Sterrett, AL 35147 PHONE: 205-672-7947

Signature of Parent or Guardian

Date

II. TO BE COMPLETED BY SCHOOL ADMINISTRATION

CHURCH SCHOOL NAME: Our Lady of Good Counsel School, LLC

SCHOOL ADDRESS: 6533 Bear Creek Rd., Sterrett, AL 35147 PHONE: 205-672-7947

STUDENT ENROLLMENT DATE: _____

FOR _____ SCHOOL YEAR

Signature of Church School Administrator

Date