

REGISTRATION FORM

OUR LADY OF GOOD COUNSEL SCHOOL, LLC

6533 Bear Creek Road

Sterrett, AL 35147

205-672-7947

School Year: _____ Grade: _____ Date: _____

Name (Student): _____ Date of Birth: _____

Name (Parents): _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Parish: _____

Primary Teacher: _____

School District: _____

I hereby release the Roman Catholic Church from any legal responsibility for the education of the child here registered, and acknowledge that such responsibility lies solely with the child's parents/guardian.

Signature of Parent or Legal Guardian

Date

CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of Our Lady of Good Counsel School, LLC to notify the public school superintendent should the above named student cease attendance at said school.

Signature of Parent or Legal Guardian

Date