

**CROSS RIVER ACADEMY
CHURCH SCHOOL ENROLLMENT FORM**

SCHOOL YEAR: 2024 - 2025 SCHOOL DISTRICT: _____

TODAYS DATE: _____ COUNTY OF RESIDENCE: _____

SECTION I (TO BE COMPLETED BY PARENT/ LEGAL GUARDIAN)

STUDENT NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ GRADE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CHURCH SCHOOL ENROLLMENT: CROSS RIVER ACADEMY
POST OFFICE BOX 1412
ALABASTER, AL 35007
(205) 685-5988 PH - (205) 621-0600 FAX

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

SECTION II CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I, _____, hereby give consent to the administrator of CROSS RIVER ACADEMY to notify the public school superintendent of _____ in _____ County, Alabama, should the above named student cease attendance at said school.

PARENTS SIGNATURE **DATE**

SECTION III: (TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR)

CHURCH SCHOOL: CROSS RIVER ACADEMY (VOID IF NO SEAL HERE)
POST OFFICE BOX 1412
ALABASTER, AL 35007
(205) 685-5988 OR (205) 552-4774

DATE STUDENT ENROLLED: _____

SIGNATURE OF ADMINISTRATOR: _____
Jessica Spencer Henderson

A COPY OF THIS DOCUMENT, WITH THE SCHOOL SEAL ATTACHED, SHALL BE CONSIDERED AS AN ORIGINAL