

**RIVER CREST ACADEMY  
CHURCH SCHOOL ENROLLMENT FORM  
(Please fill out enrollment form for each child)**

SCHOOL YEAR: 2024-2025 SCHOOL DISTRICT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

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

STUDENT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION II**

**CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL**

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

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

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

CHURCH SCHOOL: RIVER CREST ACADEMY  
P.O. Box 325  
Hope Hull, AL 36043  
PH (334) 398-2008

DATE STUDENT ENROLLED: \_\_\_\_\_

SIGNATURE OF ADMINISTRATOR: \_\_\_\_\_