

**Church School Enrollment Form**

**Saraland Christian Academy**

An educational outreach of Fields of Grace Sanctuary in Saraland, Alabama

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**I. Church School Enrollment  
TO BE COMPLETED BY PARENT OR GUARDIAN**

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Student Name

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Date of Birth

Grade

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Address

City

Zip

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County

Phone (please include area code)

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Parent/Guardian

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Signature of Parent/Guardian

Date

**COMPLETED BY ADMINISTRATOR**

Church School of Enrollment:  
Saraland Christian Academy  
23 Bethel Forest Drive South  
Saraland, AL 36571  
(251) 581-2164

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Signature of Administrator

DO NOT take this form to the school you are withdrawing from or the Board of Education without an official signature from the administrator of Saraland Christian Academy.

**II. Consent for Notification of Student Withdrawal  
To Be Completed By Parent or Guardian**

I hereby give prior consent to the Administrator of Saraland Christian Academy to notify the public school superintendent should the above named student cease attendance at Saraland Christian Academy.

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Signature of Parent/Guardian

Date

**You must complete and submit three copies of this form per child to Saraland Christian Academy.**  
**Original to Superintendent's Office**  
**Copy to Saraland Christian Academy**  
**Copy for Parent's File**