

**Dothan Vineyard Church School
Student Enrollment Form
(One per Child)**

1. To be completed by the parent/Legal Guardian

School Year: _____ Public School District: _____

Student's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Legal Guardian: _____

Phone: _____

Signature of Parent/Guardian _____ **Date:** _____

11. To be completed by Church School Administrator

Church School: Dothan Vineyard Church School
Address: 150 Bethlehem Rd., Midland City, AL 36350
School Phone: (334) 671-0093

Date of Student Enrollment: _____ for _____ school year.

Signature of Church School Administrator: _____ **Date:** _____

**111. Consent for notification of Student Withdrawal
To be completed by the Parent/ Legal Guardian.**

I hereby give prior consent to the administration of the above named Church School to notify the Public School Superintendent should the above named student cease attendance at said school.

Signature of Parent/Guardian: _____ **Date:** _____

