

Wills Valley Community Church School  
Enrollment Notification Form

School Year \_\_\_\_\_ Public School District \_\_\_\_\_

**I. TO BE COMPLETED BY PARENT OR GUARDIAN**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Church School **Wills Valley Community Church School** School/Church Phone **(256) 845-0500**

Address **PO Box 681378, Fort Payne, AL 35968**

Date \_\_\_\_\_

Signature of Parent or Guardian

**II. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR**

**Church School Name: Wills Valley Community Church School  
PO Box 681378  
1311 Isbell Blvd.  
Fort Payne, AL 35968  
(256) 845-0500**

Date of Student Enrollment \_\_\_\_\_ for \_\_\_\_\_ school year.

Date \_\_\_\_\_

Signature of Church School Administrator

**III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL**

I hereby give prior consent to the Administrator of Wills Valley Community Church School to notify the public school superintendent should the above named student cease attendance at said school.

Date \_\_\_\_\_

Signature of Parent or Guardian