



THE OAKS SCHOOL

Enrollment Form

(Please complete one per child)

School Year: _____ Public School District: _____

I. To be completed by parent or guardian:

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade: _____

Parent or Guardian: _____

Signature of Parent or Guardian

Date

II. To be completed by school administrator:

School: The Oaks School

Address: 2201 Executive Park Drive Phone: 334-703-4340

City: Opelika, Al 36801

Date of Student Enrollment: _____ for _____ school year.

Signature of Administrator

Date

III. Consent for Notification of Student Withdrawal

I hereby give prior consent to the administrator of the above named private church school to notify the public school superintendent should the above named student cease attendance at said church school.

Signature of Parent or Guardian

Date