

VALLEYDALE CHRISTIAN ACADEMY

1572 Montgomery Highway, Suite 100/110, Hoover, AL 35216
(205)987-6286 www.valleydale.net valleydale2024academy@yahoo.com

ENROLLMENT APPLICATION

(Please write very clearly and in **BLACK INK** as we fax this form.) Date: _____

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ M/F _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Your county of residence or current school district: _____

Legal Father's Name: _____ Signature: _____
(or Guardian)

Legal Mother's Name: _____ Signature: _____
(or Guardian)

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL(S) (***REQUIRED***): _____

(Our MAIN form of communication is via email so you MUST read your email on a computer/laptop at least 1-2 times per week not just a cell phone which may cutoff the msg.)

SCHOOL HOLDING STUDENT'S CURRENT FILES:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

IMPORTANT: Please send Enrollment Application, Registration Fee & 1st Month's tuition via U.S. mail or bring to our office because we need the original forms. **WE CANNOT ACCEPT PHOTOS OR SCREENSHOTS** but we do accept PDF files. We **ONLY** take cash, money order, debit/credit card or PayPal (to our email address) for these initial fees. Student is **NOT** enrolled until application and all initial fees are paid in full.

(Updated 8/3/2024)

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REQUEST FOR STUDENT SCHOOL RECORDS

NAME OF SCHOOL: _____

Please include records of grade report card/transcripts, blue forms, test results, and disciplinary reports to Valleydale Academy by U.S. mail, or by email using a PDF format to **valleydale2024academy@yahoo.com** for the following student(s):

(NO FAXES PLEASE)

STUDENT NAME:

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

NOTES OR COMMENTS:

Parent/Guardian Signature: _____

Best regards,

Vicki Boyce

Director

Date Enrolled: _____

Date faxed/emailed to school: _____ By: _____

CHURCH SCHOOL ENROLLMENT FORM

(This form is **REQUIRED** as it is faxed to the Board of Education)

TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT'S NAME: _____

PARENT/GUARDIAN(S) NAME: _____

YOUR COUNTY OF RESIDENCE: _____

PHYSICAL ADDRESS: _____

STUDENT'S DATE OF BIRTH: _____ GRADE LEVEL: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Valleydale Christian Academy
1572 Montgomery Highway, Suite 100
Hoover, AL 35216
(205)987-6286
Director/Admin: Vicki Boyce

THE ADMINISTRATOR OF THE ABOVE NAMED SCHOOL WILL NOTIFY THE BOARD OF EDUCATION SHOULD THE ABOVE NAMED STUDENT CEASE ATTENDANCE AT SAID SCHOOL WITH OR WITHOUT PARENTAL SIGNATURE.

TO COMPLETED BY CHURCH SCHOOL ADMINISTRATOR AND STAFF

Date of Student Enrollment: _____ FOR _____ - _____ School Year

Date faxed/emailed to school: _____ By: _____