

Membership Renewal Application

Evangel Family Christian Academy
3975 Vaughn Road Montgomery, AL 36106 (334)272-3215

School Year: _____

COMPLETE BOTH SIDES OF THIS APPLICATION AND ENCLOSE A CHECK PAYABLE TO EFCA FOR \$165. THERE WILL BE A \$25 LATE FEE AFTER JULY 31st

Father's Name: _____ Telephone: _____
Mother's Name: _____ Telephone: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Email Address: _____

| Children's Names | M/F | Birthdate | Age | Grade |
|------------------|-------|-----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Church (membership or attending): _____

Name of Pastor : _____ How long attended? _____

Date your HSLDA membership was last renewed: _____ Membership ID # _____

Would you be available to volunteer? YES NO
If so, OFFICE SPECIAL EVENTS OTHER

PARENT'S SIGNATURE _____ DATE _____

CHURCH SCHOOL ENROLLMENT FORM

PARENT'S SIGNATURE REQUIRED FOR SECTIONS I & II

I. TO BE COMPLETED BY PARENT OR GUARDIAN

School Year _____ Public School District _____
(County or city school)

| <u>Student Name (First, MI, Last)</u> | <u>Date of Birth</u> | <u>Grade</u> |
|---------------------------------------|----------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Home Address _____ Home Phone _____
_____ Work Phone _____

Church School: **Evangel Family Christian Academy** School Phone **(334) 272-3215**
Address: **3975 Vaughn Road; Mont., AL 36106**

Parent/Guardian Signature _____ Date _____
(required)

II. PRIOR CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give **PRIOR CONSENT** to the administrator of Evangel Family Christian Academy Church School to notify the public school superintendent should the above named student cease attendance at said school.

Parent/Guardian Signature _____ Date _____
(required)

III. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

Church School: **Evangel Family Christian Academy** School Phone **(334) 272-3215**
Address: **3975 Vaughn Road; Mont., AL 36106**

Date of Enrollment _____ For _____ School Year

_____ Date _____ Signature of Church School Director