Academy on the Eastern Shore

a ministry of
Unity on the Eastern Shore
Mail: P.O. Box 776; Fairhope, AL 36533
(251) 990-8934

Church School Enrollment Form

Public School District: _____

Part I: to be completed by Parent or Guardian

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian's Name: _____ Home Phone: _____

Address/City/State/Zip: _____

Church School: Academy on the Eastern Shore School Phone: (251) 990-8934

Date: _____ Signature of Parent/Guardian: _____

Part II: to be completed by Church School Administrator

Church School: Academy on the Eastern Shore School Phone: (251) 990-8934

Physical Address: 22979 U.S. Hwy. 98; Fairhope, AL; 36532

Mailing Address: P.O. Box 776; Fairhope, AL 36533

Date Student Enrolled: _____ School Year: _____

Date: _____ Signature of Church School Administrator: _____

Part III: Consent for notification of student withdrawal

I hereby give prior consent to the Administrator of Academy on the Eastern Shore to notify the Public School Superintendent, should the above named student cease attendance at said school.

Date: _____ Signature of Parent/Guardian: _____

(Original to Local School Superintendent / Copy 1 - School File / Copy 2 - Parent/Guardian)

{Date received by A.E.S. _____}
{Revised 7-1-2015}