

Bridge Christian Academy Enrollment Form

PLEASE COMPLETE AND SIGN SECTIONS I AND III AND RETURN 2 COPIES TO BCA

School Year _____

Public School District _____

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Student's name _____ Home Phone _____

Home Address _____

Date of Birth _____ Grade _____

Parent or Guardian's Name _____ Home Phone _____

Home Address _____

Bridge Christian Academy

(251) 979 – 6227

P.O. Box 701

Fairhope, AL 36533

X _____

Date

X _____

Signature of Parent or Guardian

II. TO BE COMPLETED BY BCA

Bridge Christian Academy

(251) 979 – 6227

P.O. Box 701

Fairhope, AL 36533

Date of Student Enrollment _____ for _____ School Year

Date

Signature of School Administrator

III. CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of **Bridge Christian Academy** to notify the public school superintendent should the above named student cease attendance at said school.

X _____

Date

X _____

Signature of Parent or Guardian