

# New Student Enrollment Packet

**The Grace Place Home School Academy**

A Ministry of Salem Baptist Church

C/o Teresa Young

163 County Road 558

Enterprise, AL 36330

(334)-328-1102

The following steps are to be completed prior to admittance into The Grace Place Homeschool Academy:

1. Read The Grace Place Homeschool Academy Handbook.
2. Complete the enrollment packet- one packet of forms is to be completed **for each student** (except for initial Enrollment Form and Records Request) and signed by the parent/guardian. The packet includes: The Grace Place Homeschool Academy enrollment form, Public School Notification of Church School Enrollment Form, Request for School Records Form (optional), and Release of Liability Form. **Remember to make copies of all forms for your files.**
3. Send completed forms to:  
The Grace Place Homeschool Academy  
C/o Teresa Young  
163 County Road 558  
Enterprise, AL 36330
4. Participate in an interview (to be scheduled by The Grace Place Homeschool Academy administration upon review of enrollment packets).
5. **All enrollments forms must be received by August for beginning of the year enrollment.**

Parents will be notified by mail with an acceptance/refusal letter as to their child's status.

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C/o Teresa Young, 163, County Rd 558, Enterprise, AL 36330  
334-328-1102

**Enrollment Forms for School Year 20\_\_-20\_\_**

**Family Information**

Name \_\_\_\_\_  
Last First (Husband and Wife)

Address \_\_\_\_\_  
Street P.O. Box (if applicable)

\_\_\_\_\_ City, State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Husband Wife

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Husband Wife

Family email address \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

Public School District School Superintendent's Address for School District:

\_\_\_\_\_ Street P.O. Box (if applicable)

\_\_\_\_\_ City, State Zip Code

Parent/Guardian who will be the primary academic teacher \_\_\_\_\_

Children Enrolling in The Grace Place Homeschool Academy:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

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**Emergency Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Person other than parents to notify in case of emergency:

_____	_____	_____
Name	Phone	Relationship

_____	_____	_____
Name	Phone	Relationship

_____	_____	_____
Name	Phone	Relationship

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**Student Information**

Name \_\_\_\_\_  
Last, First, Middle, (Nickname)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Month/Day/Year

Social Security # \_\_\_\_\_ County of Residence \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_  
Street P.O. Box (if applicable)

\_\_\_\_\_ City, State Zip Code

Last Date Attended \_\_\_\_\_ Date Withdrawn \_\_\_\_\_  
(if applicable) (if applicable)

Did student leave last school in good standing? Y / N

Special Interests (sports, hobbies, talents, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this student have a Public School Notification of Church School Enrollment Form on file at The Grace Place Home School Academy? Y / N

**If no, you must fill out a Church School Enrollment Form.**

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**Office use only:**

Admittance notice sent to family \_\_\_\_\_

School Notification of Church School Enrollment Form sent \_\_\_\_\_  
Month/Day/Year

Administrator Signature \_\_\_\_\_

## Public School Notification of Church School Enrollment

Name and Mailing Address of the **Public School District** (superintendent's office) for which student's residence is zoned:

Address \_\_\_\_\_  
Street P.O. Box (if applicable)  
\_\_\_\_\_  
City, State Zip Code

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### TO BE COMPLETED BY PARENT OR GUARDIAN

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(one child per form)

Address \_\_\_\_\_  
Street P.O. Box (if applicable)  
\_\_\_\_\_  
City, State Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Home Address \_\_\_\_\_  
Street P.O. Box (if applicable)  
\_\_\_\_\_  
City, State Zip Code

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signature of Parent/Guardian

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### CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of The Grace Place Home School Academy to notify the public school superintendent of above-named school district should the above-named student cease attendance at said school.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signature of Parent/Guardian

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### TO BE COMPLETED BY CHURCH SCHOOL

Church School Name: The Grace Place Home School Academy  
C/o Teresa Young,  
163 County Rd. 558  
Enterprise, AL 36330  
334-328-1102

Date of Church School Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signature of Church School Administrator

Date of Church School Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signature of Church School Administrator

The church school administrator will forward a copy of this form to the superintendent of the school district listed above upon enrollment and again upon withdrawal of this student. Please allow time for this process to occur.

Make copies of this for your records.

## Request for School Records

Name of School Attended \_\_\_\_\_

School Address \_\_\_\_\_

Street

P.O. Box (if applicable)

City, State

Zip Code

County

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Pursuant to the state open records law, Ala. Code Sec. 36-12-40, I request all school records for the following student(s) currently enrolled in the Grace Place Homeschool Academy. Please enclose:

1. Cumulative records,
2. Testing and evaluations
3. Immunization records
4. Any other pertinent information to assist in assessing student ability and grade placement.
5. Statement of child's good standing upon disenrollment

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last, First month/day/year

\_\_\_\_\_  
Signature of Administrator  
at The Grace Place Academy

\_\_\_\_\_  
Date

Forward records to: **The Grace Place Homeschool Academy**

C/o Teresa Young  
163 County Road 558  
Enterprise, AL 36330  
(334)-328-1102

We do hereby authorize release of all student records to The Grace Place Homeschool Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Liability Release**

We, the undersigned, in making application to **The Grace Place Homeschool Academy** to participate in this Home Education program, do hereby

- Certify the information disclosed in this application and related documents are true and correct to the best of our knowledge and belief.
- Agree to abide by all policies and requirements of The Grace Place Homeschool Academy in all academic and extra-curricular activities.
- State that we have read and are in agreement with all information in The Grace Place Homeschool Academy handbook.
- Agree not to hold The Grace Place Homeschool Academy responsible for the education of my child(ren) and by signing this document do release The Grace Place Homeschool Academy from all legal responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date