

*Harvest Church School*  
*A Ministry of Harvest Church*

**Public School Notification of Church School Enrollment**

Name and mailing address of the Public School District for which the student's residence is zoned.

---

---

---

---

**TO BE COMPLETED BY THE PARENT OF GUARDIAN**

Student's Name \_\_\_\_\_  
(One student per form)

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Parent/Guardian's Address \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL FROM HCS**

I hereby give prior consent to the administrator of Harvest Church School to notify the public school administrator should the above named student cease attendance at said school

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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