SMIC Academy

A Ministry of

Shades Mountain Independent Church

2281 Old Tyler Road • Birmingham, AL 35226
Telephone: (205) 978-9153/Facsimile: (205) 978-6016

Student Application

School Year 20_____ to 20____ **Today's Date _____**

Parent's Names: _____

New Student's Name:_____
Last First Middle

Address: _____

City: _____ State: _____ Zip:_____

Phone: (_____) _____ Date of Birth: _____ Sex: _____

Parent's E-mail Address: _____

Last Grade Completed: _____ Last School Attended: _____

Has applicant been expelled, suspended or dismissed from school at any time?_____

If yes, please explain: _____

Special Health Problems of which the school should be aware: _____

_____

CHURCH SCHOOL ENROLLMENT FORM
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(205) 978-9153 www.smicacademy.org

I. TO BE COMPLETED BY PARENT OR GUARDIAN

Public School District_____

Student's Name _____ Home Phone _____

Home Address _____

_____

Date of Birth _____ Grade _____

Parent or
Guardian's Name _____ Home Phone _____

Home Address _____

_____

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

_____ _____
Date *Signature of Parent or Guardian*

II. TO BE COMPLETED BY CHURCH SCHOOL REGISTRAR

Date of Student Enrollment _____

_____ _____
Date *Signature of Church School Registrar*

III. TO BE COMPLETED BY REGISTRAR UPON WITHDRAWAL

Date of Student Withdrawal_____

_____ _____
Date *Signature of Church School Registrar*

_____

Update December 2018

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Vaccination Schedule Opt-out Form

(submitted in lieu of proof of immunization form)

SMICA Manual (2018) Section 3.2.A.2. - "Parents are required to submit a proof of immunization for each student (see Registrar for exceptions)."

Student's Name _____

As parent(s), we have chosen to opt-out of the vaccination schedule suggested by the CDC. Therefore, we ask that this child be exempt from showing proof of all the suggested and/or required immunizations required to attend school.

Sincerely, *(only one parent signature is required)*

_____

Parent's Name Parent Signature Date

_____

Parent's Name Parent Signature Date

This form will remain in the student's file until the student ceases to be enrolled with SMIC Academy. State laws are subject to change, which may affect SMICA policies.

Form created on 02/10/2019

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OFFICIAL REQUEST FOR STUDENT RECORDS

As the parent of _____, currently in grade _____
(child's name)

I hereby authorize _____
(name of previous school)

_____
(street address) *(city, state, zip)*

to transfer all the school records, including any special testing or other educational program information, to ***SMIC Academy*** in accordance with the provision of the Public Law 93-980 and any amendments thereto. [Alabama Administrative Code, Chapter 290-080-090.10(2)(e)]

_____ _____
(Date) (Signature of Parent/Guardian)

_____ _____
(Date) (Signature of SMICA Registrar)

DATE OF REQUEST: _____
DATE REQUEST RECEIVED: _____

Revised on Dec 10, 2023