

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

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OFFICIAL REQUEST FOR STUDENT RECORDS

I hereby authorize _____
(name of school)

(street address) (city, state, zip)

to transfer all the school records, including any special testing or other educational program information,

of my child _____, in grade _____
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 Registrar)

| |
|--|
| DATE OF REQUEST: _____ DATE REQUEST RECEIVED: _____ |
|--|