

# Ezekiel Academy

A Church School for the River Region  
P.O. Box 243034 ~ Montgomery, AL 36124 ~ 334-315-0010

For the sake of His Holy Name - Ezekiel 36

## 2022-2023 1-2-3 Renewal Application \*

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND  
ENCLOSE A CHECK FOR \$200.00 PAYABLE TO EZEKIEL ACADEMY BY AUGUST 1<sup>st</sup>.  
ANY RENEWAL APPLICATION RECEIVED OR POSTMARKED AFTER AUGUST 1<sup>st</sup> WILL BE \$225.**

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Addresses: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

<u>Child's Full Name</u>	<u>Goes By</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Father's Occupation: \_\_\_\_\_

Church (membership or attending): \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ How long attended? \_\_\_\_\_

Write a brief statement of your reasons for the parental education of your children. \_\_\_\_\_

How many years have you been home schooling? \_\_\_\_\_

I will be using a Public Virtual School Program (K12; AL Virtual Acad; EDGE; Connections Acad; etc.)  yes  no

In your opinion how can Ezekiel Academy best serve the needs of your family? \_\_\_\_\_

What special talents or gifts would you be willing to offer to the home schooling group? \_\_\_\_\_

**By signing this, I agree to abide by Ezekiel Academy procedures and policies, including meeting  
deadline dates for submitting any and all required documents to the Ezekiel Academy Office.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* 1. COMPLETED RENEWAL APPLICATION FORM

2. CHURCH SCHOOL ENROLLMENT FORM SIGNED

3. PAYMENT WILL BE DISCOUNTED TO \$175.00 IF POSTMARKED OR SUBMITTED TO THE OFFICE BY JUNE 30<sup>TH</sup> -

**NO EXCEPTIONS!**

# CHURCH SCHOOL ENROLLMENT FORM

## PARENT'S SIGNATURE REQUIRED FOR SECTIONS I & II

### I. TO BE COMPLETED BY PARENT OR GUARDIAN (Please use black ink)

School Year 2022-2023 Public School District \_\_\_\_\_  
(County)

<u>Student Name (First, MI, Last)</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Church School: Ezekiel Academy School Phone: 334-315-0010  
Address PO Box 243034, Montgomery, AL 36124-3034

### II. PRIOR CONSENT FOR NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give **PRIOR CONSENT** to the administrator of Ezekiel Academy Church School to notify the public school superintendent should the above named student cease attendance at said school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(REQUIRED SIGNATURE)**

### III. TO BE COMPLETED BY CHURCH SCHOOL ADMINISTRATOR

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Date of Enrollment: August 25, 2022 for the 2022 – 2023 School Year

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Church School Administrator