

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

2026-2027 Renewal Application *

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND
ENCLOSE A CHECK FOR \$300.00 PAYABLE TO EZEKIEL ACADEMY BY JULY 31ST.
ANY RENEWAL APPLICATION RECEIVED OR POSTMARKED AFTER AUGUST 1ST WILL BE \$325.**

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 Academy; EDGE; Connections Academy; 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 \$275 IF POSTMARKED OR SUBMITTED TO THE OFFICE BY JUNE 30th
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 2026-2027 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

Church School: Ezekiel Academy School Phone: 334-315-0010
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Date of Enrollment: August 21, 2026 for the 2026 – 2027 School Year

Date Signature of Church School Administrator