



Gulf Shores City School System
Home School Enrollment Form
Academic Year 2019-2020

Student Name (First, MI, Last)	Address, City, State, Zip	Date of Birth

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____ Contact Number: _____

If your child returns to the Gulf Shores City School System, he or she must take placement/subject specific tests to determine grade placement.

Fax form to 251-968-9855 or mail:
Gulf Shores City Schools
ATTN: Attendance/Homeschool
PO Box 3908
Gulf Shores, AL 36547

Official Use Only:

Received By: _____ Date: _____