

Recommitment Form 2020-2021 **Student Information**

Campus:	Elementary Middle/High					
First Name:		Last Na	me:			
Middle:		Name Student G	oes By:			
Sex: M F	Birthdate (mm	n/dd/yyyy):		Current Grade): 	
Does your student h	nave a sibling(s) at	ttending Corners	tone? Yes	No (If	f yes, please	list)
First Name:		Last Name:		Curre	ent Gr:	-
First Name:		Last Name:		Curre	ent Gr:	_
First Name:	Last Name: Current Gr:				ent Gr:	-
		Contact Info	ormation			
Parent First Name: Address:						_
City:		State:		 _ Zip Code:		
Home Phone:						
Parent First Name: Address:						_
City:		State:		 Zip Code:		
Home Phone:						
Agreement I agree that the info information may re support all Corners Handbook and othe return of this form.	sult in my child's o tone Schools of Ala	dismissal from Co abama policies a	ornerstone nd procedi	Schools of Alaures, outlined i	abama. I als in the Stude	o agree to ent/Parent
Signature:			_ Date:			
Signature:			_ Date:			
Office Use Only Form Received:		By:		Payment:	Cash	Ck#