

ENROLLMENT EXCLUSION FORM  
To Implement Sections 16-28-40 through 16-28-45, Code of Alabama 1975

Follow instructions on the back of this form. Print or type all information.

I. APPLICANT\*

Driver's License No. \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI mm/dd/yy

Address: \_\_\_\_\_  
Street City State Zip Code

II. ENROLLMENT\* SCHOOL OR GED OR JOB TRAINING PROGRAM

Name : SACRED GROVE ACADEMY Check One  GED Program  
(School or Job Training Program)  Job Training  
Program  
Address: P.O. Box 505 Auburn AL 36831-0505  Secondary School  
Street City State Zip

Telephone No (334) 408-7372 Signature \_\_\_\_\_  
Title: DIRECTOR

Enter the actual date of compliance or noncompliance in the blank located to the left of the appropriate statement

IN COMPLIANCE

NOT IN COMPLIANCE

The applicant:

The applicant:

\_\_\_\_\_ Is enrolled.  
(Date)

\_\_\_\_\_ Is not enrolled.  
(Date)

\_\_\_\_\_ Withdrew due to circumstances beyond  
(Date) his or her control.\*

\_\_\_\_\_ Has accumulated more than 10 consecutive  
(Date) or 15 cumulative unexcused absences during  
a single semester  
**(Only for students enrolled in secondary**

\_\_\_\_\_ Has obtained a GED Certificate.  
**school**  
(Date)

\_\_\_\_\_ Is not making satisfactory progress.  
(Date) **(Only for GED students)**

\_\_\_\_\_ The applicant was previously reported as  
(Date) being noncompliant. As of this date, the  
Student has complied.

III. EXCLUSION

Enter the actual date in the blank located to the left of the appropriate statement.

The applicant:

\_\_\_\_\_ Is a parent with the care and custody of a minor  
(Date) or unborn child.

\_\_\_\_\_  
Physician Health Department

\_\_\_\_\_ Is the sole source of transportation for the parent(s).  
(Date)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Physician's Signature

Enter the beginning date of employment.

\_\_\_\_\_  
Place of Employment

The applicant:  
(Date) \_\_\_\_\_ Is gainfully and substantially employed.

\_\_\_\_\_  
Street

\*Defined on the back of this form.

\_\_\_\_\_  
City State Zip

Revised 5/1/95

\_\_\_\_\_  
Employer's Signature