



6460 Glen Echo Avenue  
Gladstone, OR 97027  
503.655.3074 P  
503.655.1702 F  
www.gladstoneaog.org/gcs

# Registration Card – K - 6

Date of Enrollment: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Present Age: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Physical Defects: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

List Any Other Elementary Schools Attended and Addresses: \_\_\_\_\_

Have You Ever Been A Student In This School?: \_\_\_\_\_ When?: \_\_\_\_\_

Church You Now Attend: \_\_\_\_\_ Attend Sunday School?: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Grades Have Been: Superior ( ); Above Average ( ); Below Average ( ); Has Student Failed ( ); What Grade ( )

Reason For Selecting This School?: \_\_\_\_\_

School Recommended By: \_\_\_\_\_

### Statement of Cooperation

In making application for my child it is my desire to have him complete the school year \_\_\_\_\_. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

\_\_\_\_\_  
Parent or Guardian Signature

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**OFFICIAL USE ONLY**

ENTRANCE TEST SCORE \_\_\_\_\_% ACCEPTED: YES \_\_\_\_\_ NO \_\_\_\_\_ CONDITIONAL \_\_\_\_\_