



6460 Glen Echo Avenue
Gladstone, OR 97027
503.655.3074 P
503.655.1702 F
<http://gcs.gladstoneaog.org>

GCS Enrollment Form 2011-12

Please return this completed enrollment form to the school office with the family registration fee to reserve your student(s) a place in next fall's classes. For new students, enrollment will be accepted on a tentative basis pending submission of the additional forms listed on the New Student Registration Checklist.

Date: _____

Student

Grade:

_____	_____
_____	_____
_____	_____
_____	_____

(If additional space is needed, please use back of form and check here:)

Father's (or Guardian's) Name: _____

Mother's (or Guardian's) Name _____

Home Address: _____

City/State/Zip _____

Home Phone: (____) _____ Emergency Phone: (____) _____

Father's Employment _____ Work Phone (____) _____

Mother's Employment: _____ Work Phone (____) _____

Email Address(es): _____

Church Affiliation: _____ Pastor's Name _____

Please select your payment plan:

- Payment in Full by Sep 2, 2011
- 10 Monthly Payments beginning August 1, 2011
- 12 Monthly Payments beginning July 1, 2011

Parent Signature