



Grace Christian School
 6460 Glen Echo Ave.
 Gladstone, OR. 97027

**Grace Christian School Enrollment Form
 2010-2011 School Year**

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 returning students, no additional forms are needed. 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:	Returning Student?
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N

(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: _____

Church Affiliation: _____ Pastor's Name) _____

 Parent Signature

For Office Use Only:

Date received _____

Registration fee paid: yes ____ no ____ Date _____

Approved for interview: yes ____ no ____ pending _____

Interview Date: _____ Time: _____

Enrollment Status: yes ____ no ____ pending _____