

The following student(s) have enrolled at Skopos Christian School. Please mail the student's permanent record, including all academic, behavioral, and health records, **along with a copy of this completed form**, to Skopos Christian School at the following address:

Skopos Christian School  
P.O. Box 1015  
Gladstone, OR, 97027

Student's Name:

Enrolling Grade Level:

_____	_____
_____	_____
_____	_____
_____	_____

**Releasing School:**

School Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Skopos Christian School insists that all enrolling families bring any previous accounts current before enrolling. Does the family listed about have any outstanding debts or fees?

Yes     No    Amount: \_\_\_\_\_

Description of fee: \_\_\_\_\_

Signature of Office Administrator \_\_\_\_\_