

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: _____

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 _____