

**SOUDERTON AREA SCHOOL DISTRICT
GOLD CARD APPLICATION**

CARD NUMBER _____ DATE _____
(For office use only)

NAME _____

ADDRESS _____

SCHOOL DISTRICT/COUNTY _____

TELEPHONE NUMBER _____ AGE _____

PLEASE COMPLETE THIS FORM AND MAIL IT TO:

Carrie Bergstresser

District Administrative Offices

760 Lower Road

Souderton, PA 18964