

Good Shepherd Catholic School

5902 Oleander Dr., Orlando FL 32807-3494
407-277-3973, FAX 407-277-2605

A BLUE RIBBON SCHOOL OF EXCELLENCE APPLICATION FOR ADMISSION

OFFICE USE ONLY

Received		Accepted	
Siblings in Grades	GS		
	WL		

GRADE _____ FOR SCHOOL YEAR _____

STUDENT LAST NAME:	FIRST	MIDDLE	AGE SEPT. 1:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:	CITY/STATE		ZIP:	TELEPHONE:
DATE OF BIRTH:	PLACE OF BIRTH:		RELIGION:	
CHECK SACRAMENTS YOUR CHILD HAS RECEIVED: <input type="checkbox"/> BAPTISM <input type="checkbox"/> COMMUNION <input type="checkbox"/> PENANCE <input type="checkbox"/> CONFIRMATION				

PARENT INFORMATION:

RELATION:	<input type="checkbox"/> FATHER	<input type="checkbox"/> STEP-FATHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> OTHER	
NAME:					RELIGION:
EMPLOYER/OCCUPATION:					BUSINESS PHONE:
RELATION:	<input type="checkbox"/> MOTHER	<input type="checkbox"/> STEP-MOTHER	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> OTHER	
NAME:					RELIGION:
EMPLOYER/OCCUPATION:					BUSINESS PHONE:

CATHOLIC PARISH YOU ARE REGISTERED IN,
IF APPLICABLE:

Parish ID #:

CHECK ANY THAT APPLY:

<input type="checkbox"/> LIVES WITH PARENTS	<input type="checkbox"/> LIVES WITH STEP-FATHER	<input type="checkbox"/> PARENTS DIVORCED
<input type="checkbox"/> LIVES WITH MOTHER	<input type="checkbox"/> LIVES WITH STEP-MOTHER	<input type="checkbox"/> PARENTS SEPARATED
<input type="checkbox"/> LIVES WITH FATHER	<input type="checkbox"/> FATHER DECEASED	<input type="checkbox"/> PARENTS REMARRIED
<input type="checkbox"/> LIVES WITH GUARDIAN	<input type="checkbox"/> MOTHER DECEASED	<input type="checkbox"/> SPOUSE'S NAME:

CHECK YOUR PREDOMINANT ETHNIC BACKGROUND:

<input type="checkbox"/> AMERICAN INDIAN/NATIVE ALASKAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> MULTI-RACIAL
<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER	
<input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN CAUCASIAN	
Is child a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have proper documents for school admittance.		

IS A FAMILY MEMBER A GOOD SHEPHERD SCHOOL ALUMNUS? IF YES, NAME:

YEAR GRADUATED:

NAMES OF BROTHERS AND/OR SISTERS: (✓) IF CURRENTLY ENROLLED AT GOOD SHEPHERD SCHOOL

NAME	GRADE	NAME	GRADE	NAME	GRADE

NAME OF LAST SCHOOL ATTENDED:	YEAR:	
ADDRESS:	CITY:	ZIP:

(CONTINUED)

HAS YOUR CHILD REPEATED ANY GRADES?	IF SO, WHAT GRADES?
DOES YOUR CHILD HAVE ANY ILLNESS OR PHYSICAL CONDITION WHICH SHOULD BE BROUGHT TO OUR ATTENTION? IF YES, PLEASE EXPLAIN:	
DOES YOUR CHILD HAVE A LEARNING PROBLEM OR BEHAVIORAL PROBLEM WHICH SHOULD BE BROUGHT TO OUR ATTENTION?	

◆ FINANCIAL ASSISTANCE BEYOND THAT OFFERED ON THE FEE SCHEDULE IS AVAILABLE FOR **GOOD SHEPHERD PARISHIONERS ONLY**. CHECK HERE IF YOU HAVE NEED TO APPLY FOR FINANCIAL ASSISTANCE. YOU WILL BE CONTACTED BY THE SUBSIDY COMMITTEE.

PLEASE NOTE: Children are accepted conditionally until the school office has received and approved transcripts and a personal interview with school administration has been conducted. Florida State Law requires that current health information must be on file and up-to-date before a student is considered enrolled in school.

SIGNATURE OF PARENT OR GUARDIAN

DATE