

Good Shepherd Catholic School

5902 Oleander Dr., Orlando FL 32807-3494

407-277-3973, FAX 407-277-2605

APPLICATION FOR ADMISSION

OFFICE USE ONLY

Received		Accepted	
Siblings in Grades	GS		
	WL		

K4 PROGRAM 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:		
HAS YOUR CHILD BEEN BAPTIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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:

NAME OF THE CATHOLIC PARISH YOU ARE REGISTERED IN, IF APPLICABLE:

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 A FAMILY MEMBER A GOOD SHEPHERD SCHOOL ALUMNUS? IF YES, NAME:	YEAR GRADUATED:
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NAMES OF BROTHERS AND/OR SISTERS: (✓ IF CURRENTLY ENROLLED AT GOOD SHEPHERD SCHOOL)

NAME	GRADE	NAME	GRADE	NAME	GRADE
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DOES YOUR CHILD HAVE ANY ILLNESS OR PHYSICAL CONDITION WHICH SHOULD BE BROUGHT TO OUR ATTENTION? IF YES, PLEASE EXPLAIN:

DOES YOUR CHILD REQUIRE BATHROOM ASSISTANCE? YES NO

DOES YOUR CHILD HAVE A LEARNING PROBLEM OR BEHAVIORAL PROBLEM WHICH SHOULD BE BROUGHT TO OUR ATTENTION?

PLEASE NOTE: Children are accepted conditionally until the school office has received appropriate documentation. Florida State Law requires that current health information, immunizations and proof of birth must be on file and up-to-date before a student is considered enrolled in school.

SIGNATURE OF PARENT OR GUARDIAN

DATE