GOOD SHEPHERD CATHOLIC ACADEMY
New Student Registration - Grades K - 8

Grade _____

Student's Social Security # _____-_____-_____   Application/Registration Fees   Check # _____

Cash # _____

Primary E-Mail Address _____

Child's Last Name _____ First _____ Middle _____

Address _____ City _____ Zip Code _____

Parish _____ Envelope # _____

Phone: _____ Language Spoken at Home: _____

Ethnic Origin (Optional) Caucasian ___ Hispanic___ Black___ Asian/Pac. Isl.___ Nat.Amer.___

Date of Birth: _____   **Religion of Child:** _____

    Baptism Church: _____   Date: _____

    First Penance: _____   Date: _____

    Eucharist: _____   Date: _____

    Confirmation   _____   Date: _____

Mother's Name (First, Maiden, Last): _____

    Birth Place _____ Religion _____ Occupation _____
    Work Address _____ Phone # _____
    Cell Phone: _____ Beeper # _____

Father's Name (First, Last) _____

    Birth Place _____ Religion _____ Occupation _____
    Work Address _____ Phone # _____
    Cell Phone: _____ Beeper # _____

Marital Status (Married, Separated, Divorced, Single):   _____
Child Lives With: _____

Name /Address/ Phone # if other than parents who is responsible for billing

_____   _____   _____

Transferring From:
School _____ Address _____ Grade _____

In Case of Emergency & Parent is not **available, please contact: (Please list people who live in the area and who are home during school hours)**

1)_____ Relationship _____ Phone # _____

2)_____ Relationship _____ Phone # _____

Medical History/Allergies: _____

I.E.P. Yes ___ No ___   **Has your child ever received any special education services? Yes ___ No ____**
            Has your child ever been tested for a Learning Disability?   Yes___ No ____
            If yes, by whom _____ **Please furnish a copy of I.E.P.**

NOTE: ALL FEES/TUITION (PRE-PAYMENTS) ARE NON-REFUNDABLE

Signature of Parent/Guardian _____   Date: _____