

APPLICATION For ADMISSION

FAMILY INFORMATION

Name of Father	Last	First	Middle
Name of Mother	Last	First	Middle
Address		City/State/Zip	Home Phone No.
Father's Occupation		Work Phone No.	Employer
Mother's Occupation		Work Phone No.	Employer
If Parents are... <input type="checkbox"/> Divorced, <input type="checkbox"/> Separated, or <input type="checkbox"/> Deceased, who has legal custody? _____		Cell Phone No.	Email Address

STUDENT INFORMATION

	1st Child	2nd Child	3rd Child
Child's Full Legal Name			
Name Used			
Male/Female			
Social Security Number			
Date of birth			
Grade Level Applying For			
Check if student has... (1st grade & up only)	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or Repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or Repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or Repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw
Last Daycare/Preschool attended. (Preschool only)			

CHURCH INFORMATION

Name, (Denomination) & Address				Name of Pastor		Phone No.
Church Attendance:	Regular = at least 3 Sundays every month			Occasional = at least once every month		Seldom = less than once a month
Father	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom	Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mother	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom	Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children	<input type="checkbox"/> Regular	<input type="checkbox"/> Occasional	<input type="checkbox"/> Seldom			

References

Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship

Office Use Only

<input type="checkbox"/> Completed Appl. <input type="checkbox"/> Date received <input type="checkbox"/> Testing Fee Pd <input type="checkbox"/> Interview <input type="checkbox"/> Immunization Rcd <input type="checkbox"/> Transcript Release <input type="checkbox"/> Signed Agreement <input type="checkbox"/> Emergency Info. <input type="checkbox"/> Parent HB <input type="checkbox"/> (PS) Medical Statement	Account-Billing Name _____ TUITION PAYMENT Annual \$ _____ Semi.-Annual \$ _____ Monthly \$ _____ Pmt. [ck# _____ date _____ \$ _____] for _Registr. _Tuition
--	---

Good Shepherd School

2525 Old Jacksonville Road • Tyler, Texas 75701 • (903) 592-4045 • www.gsstyler.org

Jan. 2005