



Good Shepherd Catholic School

835 North Hills Avenue
Ardsley, PA 19038 · 215-886-0126

New Student Application Form 2020-2021 School Year

TO BE COMPLETED BY PARENT OR GUARDIAN

Application for Grade (please circle): PK3 PK4 K 1 2 3 4 5 6 7 8

Preschool Applicants: Please indicate ___ 3 Days or ___ 5 Days and for PK3 ___ Half or ___ Full

Applicant's Name _____
Last Name First Name Middle Name

Primary Address _____
Street City State Zip

Gender: ___ Male or ___ Female Age _____ Primary Phone _____

Date of Birth _____ Place of Birth _____
City State Country

Social Security # _____

School Applicant Currently Attends _____ Current Grade _____

Applicant's Religion _____

If Catholic, the applicant has received ___ Baptism ___ First Penance ___ First Communion ___ Confirmation
Please submit certificates for those Sacraments received (if NOT at Queen of Peace or St. John of the Cross).

What is the name of the parish you attend and support? _____

FATHER / STEPFATHER / GUARDIAN

(Please circle one of the above)

Last First

Address _____
(if different than above)

City/State _____ Zip _____

Preferred Phone _____

Email _____

Status (circle one) Married / Single / Divorced / Deceased

Religion _____

Occupation _____

Employer _____

Work Phone _____

MOTHER / STEPMOTHER / GUARDIAN

(Please circle one of the above)

Last First

Address _____
(if different than above)

City/State _____ Zip _____

Preferred Phone _____

Email _____

Status (circle one) Married / Single / Divorced / Deceased

Religion _____

Occupation _____

Employer _____

Work Phone _____

If parents are separated or divorced, who has legal custody of the applicant? _____
(Please provide any legal documentation that the school should have concerning any custody issues in your family.)

Who is responsible for tuition and fees? _____

Who should receive all school correspondence?

____ Parent/Guardian with whom student lives (primary address)

____ Other (Please list name/s and contact information) _____

Is a language other than English spoken at home? ____ Yes (Please specify _____) ____ No

Does the applicant have siblings currently attending GSC? ____ No ____ Yes (Please provide full names and grades)

How did you hear about us? _____

Do you know any families enrolled at GSC? ____ Yes (Please name _____) ____ No

Are you aware of any learning, physical or emotional difficulties your child is experiencing? ____ No

____ Yes (Please explain _____)

Is your child in a special learning program or on a behavior plan at his/her current school? ____ No

____ Yes (Please explain _____)

Has your child ever had counseling? ____ No

____ Yes (Please explain _____)

Are there any other details about your child's school life that are important for the school to know, including repeated grades, attendance issues, or recent changes that may affect your child's performance? ____ No

____ Yes (Please explain _____)

Public School District in which you reside: _____

Please choose one option: ____ Yes, my child requires bus transportation. ____ No, my child does not require busing.

To complete your application to Good Shepherd Catholic School, please arrange to submit:

____ Completed, Signed and Dated Application Form and ____ Memorandum of Understanding

____ Official School Records (Transfer Students) and ____ Immunization/Medical Records

____ Copies of Student's Birth Certificate and Social Security Card

____ Individual Education Plan/504 Plan, if applicable

____ \$200 Nonrefundable Application/Registration Fee

My signature below confirms that I have represented accurately my family and child on this application.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____