



# Good Shepherd Catholic School

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

## New Student Application Form

### 2022-2023 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 \_\_\_ Half or \_\_\_ Full

Applicant's Name \_\_\_\_\_  
Last Name First Name Middle Name

Primary Address \_\_\_\_\_  
Street City State Zip

Gender: \_\_\_ Male or \_\_\_ Female Age \_\_\_\_\_ Ethnic Background/Race \_\_\_\_\_

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 \_\_\_\_\_ 1st Penance \_\_\_\_\_ 1st Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

If received, please put dates on the lines next to the Sacraments listed above.

*Please submit certificates for any 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 primary address above)

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone # \_\_\_\_\_  
(Including for emergency text messages)

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 primary address above)

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone # \_\_\_\_\_  
(Including for emergency text messages)

Email \_\_\_\_\_

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

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Home or Main Phone # (landline or cell / family or individual user \_\_\_\_\_):

In the event of an emergency, whom should the school try to contact first? \_\_\_\_\_

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 is the primary contact for your family's Smart Tuition account? \_\_\_\_\_

Who should receive all school correspondence? \_\_\_\_\_

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

How did you hear about GSC? \_\_\_\_\_

Does the applicant have siblings currently attending GSC?  No  Yes

Do you know any families enrolled at GSC?  No

Yes (Please name) \_\_\_\_\_

*GSC has a Family Referral/Endorsement Grant program. Please ask the Advancement Director for details.*

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) \_\_\_\_\_

Does your child have any medical conditions we should know about and/or a Medical Action Plan?  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 (K-8):  Yes, my child requires bus transportation.  No, my child does not require busing.

**To complete your application to Good Shepherd Catholic School – in addition to this signed, completed form – please submit:**

Copies of Student's Birth Certificate and Social Security Card

Medical Action Plan, if applicable

Official School Records (Transfer Students)

Private Dentist Report

Individual Education Plan/504 Plan, if applicable

Signed Memorandum of Understanding

Immunization and Child Health Reports

\$200 Nonrefundable Application Fee

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

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_