



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 Blackbaud 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: _____