



# Good Shepherd Catholic School

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

# New Student Application Form 2024-2025 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 Only: Please indicate \_\_\_ 3 Days or \_\_\_ 5 Days and \_\_\_ Half or \_\_\_ Full Days

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

Applicant's Primary Address \_\_\_\_\_  
Street City State Zip

Applicant lives with \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

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 (list dates on lines):

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

*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 \_\_\_\_\_

Is there a home phone number (other than parents' cell phone numbers):

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 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? \_\_\_\_\_

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 Only!**): \_\_\_ 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

\_\_\_ \$225 Nonrefundable Application Fee

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

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