

# Jesus the Good Shepherd School

## New Student Enrollment Application

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Application Fee \_\_\_\_\_

Baptism Certificate \_\_\_\_\_

First Month & Registration \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

### STUDENT INFORMATION

(PreK 2 \_\_ 3days/wk \_\_ 5days/wk)

School year applying for: \_\_\_\_\_ Grade applying for: \_\_\_\_\_ (PreK3 \_\_ 3days/wk \_\_ 5days/wk)

Full Name \_\_\_\_\_ Prefers to be Called \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex: M F

Religious Affiliation \_\_\_\_\_ Church Parish (if Catholic) \_\_\_\_\_

Baptized \_\_\_\_\_

Church

City, State

Date

First Holy Communion \_\_\_\_\_

Church

City, State

Date

Social Security # \_\_\_\_\_

List last four schools previously attended beginning with most current (if not in Monroe area, give address & telephone #)

(include dates attended)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Does student have a sibling at Jesus the Good Shepherd School? If yes, please provide name and grade level of sibling(s)

**PARENTAL AND RESIDENCE INFORMATION:** If the student shares residence with more than one parent/guardian, please indicate secondary residence information below. Also, indicate and provide documentation if restrictions exist for noncustodial parent to check out the student.

Parents' Names: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Applicant's Family (check all that apply) \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_ Parent's divorced

### PRIMARY RESIDENCE

Student Resides With \_\_\_\_\_ Relationship to student \_\_\_\_\_

(include professional titles, first and last names)

Home Address \_\_\_\_\_

Street address

City/State/ZIP

Home Phone \_\_\_\_\_ Mother Cell Ph# \_\_\_\_\_ Father Cell Ph# \_\_\_\_\_

Father/Stepfather: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Stepmother: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Stepfather email address \_\_\_\_\_

Mother/Stepmother email address \_\_\_\_\_

PLEASE TURN OVER AND COMPLETE SIDE TWO.

**SECONDARY RESIDENCE** (complete if necessary, indicating dates/frequency of residence)

Student Also Resides With \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(include professional titles, first and last names)

Home Address \_\_\_\_\_  
Street address City/State/ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

When/How often does the student reside at this secondary address? \_\_\_\_\_

Father/Stepfather: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Stepmother: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION**

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever action necessary.

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Allergies, Asthma, Medical Condition, Medications, etc: \_\_\_\_\_

Any Academic Concerns or Diagnosis \_\_\_\_\_

Emergency Contact Person (in the event the parent cannot be contacted)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

**COMPUTER USAGE AND INTERNET ACCESS-PUBLICATION PERMISSION**

\_\_\_YES: I hereby grant permission for Jesus the Good Shepherd School, and authorized persons responsible, to publish information including, but not limited to, names, pictures, videos (i.e. commercials, virtual tours, etc.), biographies, accomplishments, club activities, and/or extracurricular activities of Jesus the Good Shepherd School on ALL school publications (website, JGS Facebook page, printed materials, advertisement, etc.). We understand that our child's full name WILL NOT be attached to any pictures or student's work.

\_\_\_NO: I do not grant permission for Jesus the Good Shepherd School, and authorized persons responsible, to publish any information, photo, or works of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GRANDPARENT INFORMATION**

**Maternal Grandfather** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Phone \_\_\_\_\_ (M) (H)

Phone \_\_\_\_\_ (M) (H)

Email \_\_\_\_\_

Email \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Phone \_\_\_\_\_ (M) (H)

Phone \_\_\_\_\_ (M) (H)

Email \_\_\_\_\_

Email \_\_\_\_\_

By signing this application, I accept the obligations to further the school philosophy and carry out the school rules and policies.

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

Date Signed