

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

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 _____

PUBLICATION PERMISSION

I hereby give permission for my son/daughter to be photographed or videotaped at Jesus the Good Shepherd School. I realize that the photo may be published in the newspaper, a magazine, webcast, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at Jesus the Good Shepherd School. I understand my child's name may be used in publication.

Parent Signature _____ Date _____

GRANDPARENT INFORMATION

Maternal Grandfather _____ Maternal Grandmother _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Paternal Grandfather _____ Paternal Grandmother _____

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

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