

Good Shepherd Catholic School
Registration for New Students for 2008-2009

The parent/guardian is asked to complete this application and return it to Good Shepherd Catholic School with the nonrefundable \$300 registration fee attached. Please print or type.

STUDENT(S) INFORMATION

Last Name First Name Date of Birth Male/Female Grade for 2008-2009

Street Address _____ City _____ State _____ Zip _____

Home Phone (____) _____

Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

Father's email _____ Mother's email _____

Public School Child(ren) would attend _____

Indian/Alaskan () Hawaiian/Pacific Islander () Asian () African American () Hispanic () White () Multi-Racial ()

Religion _____ If Catholic, please list parish _____

Person Responsible for Tuition: Name _____ Phone (____) _____

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GUARDIANSHIP INFORMATION

Parent(s): Single () Married () Divorced () Separated () Mother Deceased () Father Deceased ()

If divorced or legally separated, who is the custodial parent: Mother () Father () Both ()

If divorced, applicant(s) primarily reside with: Mother () Father () Legal Guardian ()

Complete if applicable.

Legal Guardian's Last Name _____ First Name _____ MI _____

Relationship to Applicant _____

For Office Use Only:		
Registration fee paid _____	Check # _____	Amount _____
Tuition paid _____	Check # _____	Amount _____

