

GOOD SHEPHERD CATHOLIC SCHOOL

STUDENT APPLICATION REGISTRATION REQUIREMENTS FOR 2008-2009

DATE: _____

STUDENT NAME _____

PARENT NAME (PLEASE PRINT) _____

GRADE _____

RETURNED

- REGISTRATION INFORMATION _____
- BIRTH CERTIFICATE (ORIGINAL) _____
- BAPTISMAL CERTIFICATE (ORIGINAL) _____
- SOCIAL SECURITY CARD (ORIGINAL) _____
- LATEST REPORT CARD AND/OR CURRENT TEST SCORES _____
- HEALTH EXAM FOR SCHOOL ENTRY (SIGNED AND STAMPED BY DOCTOR) _____
- IMMUNIZATION RECORD (YELLOW CARD – ORIGINAL) _____
- FUNDRAISING FORM _____
- VOLUNTEER SERVICE FORM _____
- VIRTUS AND FINGERPRINTING FORM _____
- RELEASE – NAME OR IMAGE ON WEBSITE OR NEWSPAPERS _____
- USE OF ELECTRONIC COMMUNICATION _____
- PERMISSION FOR NAME AND NUMBER IN HANDBOOK/DIRECTORY _____
- EMERGENCY CARD (FROM OFFICE) _____
- PARENT FINANCIAL AGREEMENT (OFFICE) _____

TESTING DATE _____

DATE OF MEETING WITH PRINCIPAL AFTER TEST _____

ACCEPTED

YES

No

148 S. Linden Drive, Beverly Hills, CA 90212
Phone: 310.275.8601 Fax: 310.275.0366