

GOOD SHEPHERD CATHOLIC SCHOOL
STUDENT APPLICATION REGISTRATION REQUIREMENTS

DATE: _____

 STUDENT NAME

 PARENT NAME (PLEASE PRINT)

 GRADE FOR NEXT SCHOOL YEAR

 PHONE NUMBER

PERMISSION FOR NAME AND NUMBER IN HANDBOOK/DIRECTORY YES No

PARENT'S INITIALS

RETURNED

RETUR
 NED

REGISTRATION INFORMATION

& TESTING FEE

BIRTH CERTIFICATE (ORIGINAL)

⇒ OR PASSPORT

BAPTISMAL CERTIFICATE (ORIGINAL)

SOCIAL SECURITY CARD (ORIGINAL)

LATEST REPORT CARD / CURRENT TEST SCORES

& TEACHER
 RECOMMENDATIONS

HEALTH EXAM FOR SCHOOL ENTRY (SIGNED AND STAMPED BY DOCTOR)

IMMUNIZATION RECORD (YELLOW CARD – ORIGINAL)

HOME LANGUAGE SURVEY

VOLUNTEER SERVICE FORM

FINISHED VIRTUS CLASS
 AND RECEIVED COPY OF COMPLETION

FINGERPRINTED AND RECEIVED
 COPY OF COMPLETION

RELEASE & USE OF ELECTRONIC COMMUNICATION

EMERGENCY CARD (FROM OFFICE)

PARENT FINANCIAL AGREEMENT (OFFICE)

148 S. Linden Drive, Beverly Hills, CA 90212

Phone: 310.275.8601

Fax: 310.275.0366