

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	RETURNED
REGISTRATION INFORMATION	_____	_____
BIRTH CERTIFICATE (ORIGINAL)	_____	_____
BAPTISMAL CERTIFICATE (ORIGINAL)	_____	_____
SOCIAL SECURITY CARD (ORIGINAL)	_____	_____
LATEST REPORT CARD / CURRENT TEST SCORES	_____	_____
HEALTH EXAM FOR SCHOOL ENTRY (SIGNED AND STAMPED BY DOCTOR)	_____	_____
IMMUNIZATION RECORD (YELLOW CARD – ORIGINAL)	_____	_____
FUNDRAISING FORM	_____	_____
VOLUNTEER SERVICE FORM	_____	_____
FINISHED VIRTUS CLASS AND RECEIVED COPY OF COMPLETION	_____	_____
RELEASE & USE OF ELECTRONIC COMMUNICATION	_____	_____
EMERGENCY CARD (FROM OFFICE)	_____	_____
PARENT FINANCIAL AGREEMENT (OFFICE)	_____	_____

& TESTING FEE _____
 ⇨ OR PASSPORT _____

& TEACHER RECOMMENDATIONS _____

FINGERPRINTED AND RECEIVED COPY OF COMPLETION _____

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