

**GOOD SHEPHERD CATHOLIC SCHOOL
REGISTRATION**

REGISTRATION/TESTING FEE: **\$100.00 PER STUDENT (NON-REFUNDABLE)**

REGISTRATION DATE: _____

ENTRANCE DATE: _____ (OFFICE USE ONLY)

LAST NAME: _____ FIRST NAME: _____ MI: _____

NICKNAME: _____ HOME PHONE: _____ ENTERING GRADE: _____

HOME ADDRESS: _____ CITY: _____ CA ZIP: _____

PLACE OF BIRTH: _____ MALE FEMALE

DATE OF BIRTH: _____ (CERTIFICATE REQUIRED) RELIGION _____

IF CATHOLIC, PARISH ATTENDED: _____ CITY: _____

SCHOOL FORMERLY ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF LAST REPORT CARD: _____ REVIEWED DATE: _____

FATHER'S FIRST NAME: _____ FATHER'S LAST NAME: _____

PLACE OF BIRTH: _____ RELIGION: _____

FATHER'S WORK-COMPANY NAME AND ADDRESS: _____

FATHER'S WORK PHONE: _____ OCCUPATION: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S FIRST NAME: _____ MOTHER'S LAST NAME: _____

PLACE OF BIRTH: _____ RELIGION: _____

MOTHER'S WORK-COMPANY NAME AND ADDRESS: _____

MOTHER'S WORK PHONE: _____ OCCUPATION: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

PARENTS ARE (CHECK ONE) MARRIED SEPARATED DIVORCED REMARRIED DECEASED

ALL HEALTH RECORDS REQUIRED BEFORE CHILD ATTENDS CLASS. DATE RECEIVED: _____

148 S. Linden Drive, Beverly Hills, CA 90212

Phone: 310.275.8601

Fax: 310.275.0366

OVER

**GOOD SHEPHERD CATHOLIC SCHOOL
REGISTRATION**

IF ALTERNATE HOME ADDRESS, ENTER BELOW

NAME: _____

ADDRESS: _____ CITY: _____ CA ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

IF STUDENT IS LIVING WITH GUARDIAN/STEP PARENT, COMPLETE BELOW:

FAMILY SURNAME: _____ FIRST NAME: _____ RELATIONSHIP: _____

APPLICANT: CATHOLIC NON CATHOLIC

GOOD SHEPHERD PARISH ENVELOPE #: _____

PARISH NAME: _____

PARISH ADDRESS: _____ CITY: _____ ZIP: _____

**ORIGINAL CERTIFICATES MUST ACCOMPANY REGISTRATION FORM
FOR BAPTISM, FIRST HOLY COMMUNION AND CONFIRMATION (IF CONFIRMED)**

BAPTISM DATE: _____ CHURCH OF BAPTISM: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

VERIFIED BY: _____

FIRST HOLY COMMUNION DATE: _____ CHURCH OF FHC: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

VERIFIED BY: _____

REQUIRED FOR ARCHDIOCESAN CENSUS - ETHNICITY (CHECK BELOW)

NATIVE AMERICAN	FILIPINO	ASIAN PACIFIC ISLANDER	AFRICAN AMERICAN BLACK	HISPANIC/LATINO	WHITE/OTHER	MULTIRACIAL

**PARENTS, PLEASE STATE BELOW WHY YOU ARE INTERESTED IN HAVING YOUR CHILD/CILDREN ATTEND
GOOD SHEPHERD CATHOLIC SCHOOL.**