

**APPLICATION FOR ADMISSION  
TO GOOD SHEPHERD DAY  
SCHOOL**

**TO BE COMPLETED BY PARENT (S)  
OR GUARDIAN OF APPLICANT**  
PLEASE PRINT OR TYPE ALL INFORMATION

**SECTION 1**

Name of Child\*

\_\_\_\_\_ Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Application for grade \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ (as of September 1) \_\_\_\_\_

Entrance date \_\_\_\_\_ Present School \_\_\_\_\_  
(Month, Day & Year)

Number of years in present school \_\_\_\_\_ Primary Days of Care \_\_\_M\_\_\_T\_\_\_W\_\_\_R\_\_\_F  
(Preschool Children Only)

Daily Schedule: From: \_\_\_\_\_ a.m. To: \_\_\_\_\_ p.m. (Both School Age and Preschool Children)

Name(s) of Parent(s) with whom child resides \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father: \_\_\_\_\_ Business \_\_\_\_\_

Business Address \_\_\_\_\_ e-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Mother: \_\_\_\_\_ Business \_\_\_\_\_

Business Address \_\_\_\_\_ e-mail address \_\_\_\_\_ Phone \_\_\_\_\_

If neither parent can be reached in the case of an emergency, do you authorize the school to seek medical treatment for your child?

(Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

In case of a medical emergency do you authorize the school to transport your child by EMT squad? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies \_\_\_\_\_

May the school administer **ACETAMINOPHEN** or **IBUPROFEN** upon this written consent? Please circle one OR, indicate: NO  
(Tylenol) (Advil)

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital of choice \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for your child to go for walks in the neighborhood? \_\_\_\_\_ Participate in field trips? \_\_\_\_\_

***Emergency Contacts***

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Authorized to remove child from school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Authorized to remove child from school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Authorized to remove child from school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If divorced, what are the custody arrangements \_\_\_\_\_

**Any unusual legal arrangements concerning the applicant should accompany this document and be notarized.**

List age where applicable: Glasses since age \_\_\_\_\_ Stuttering \_\_\_\_\_ Nail biting \_\_\_\_\_

Temper displays (describe) \_\_\_\_\_

Convulsions or seizures (give age and circumstance) \_\_\_\_\_

Motor coordination difficulties, such as confusions with right/left handedness, frequent falling, awkwardness in throwing a ball, etc. (Describe) \_\_\_\_\_

Accidents \_\_\_\_\_ Fractures \_\_\_\_\_

Episodes of unconsciousness \_\_\_\_\_ Regular medication (explain) \_\_\_\_\_

Other) \_\_\_\_\_

ACTIVITIES: Please list child's outside activities (scouting, skating, etc.) \_\_\_\_\_

Please list your child's favorite games, sports, toys, and hobbies \_\_\_\_\_

Favorite kinds of books \_\_\_\_\_

Average time spent in recreational reading Weekday \_\_\_\_\_ Weekend \_\_\_\_\_

Average time spent in watching T.V. Weekday \_\_\_\_\_ Weekend \_\_\_\_\_

Briefly describe the types of home discipline most frequently used \_\_\_\_\_

Are there any medical or educational concerns for your child in areas such as tutoring, testing, allergy, diet, mental health, physical handicap, or specified learning disability? If so, please explain: \_\_\_\_\_

Name & address / zip of professionals working with your child: \_\_\_\_\_

Phone \_\_\_\_\_

What are the first five or ten words that come to mind when describing your child (characteristics, traits, personality, maturity, etc.)? \_\_\_\_\_

\_\_\_\_\_  
Signature of **BOTH** Parents or Guardians

\_\_\_\_\_  
Date

***\* A completed enrollment form must be on file for each child enrolled in the school.***



