



Application for Admission

GOOD SHEPHERD EPISCOPAL SCHOOL

402 Seabrook Road
Tequesta, Florida 33469
Tel. (561) 746-5507 Fax (561) 746-2870

Applicant to enter Grade _____ **beginning** _____ **20** _____

Applicant's full name: _____ SS# _____

Applicant's address: _____
(Street)

(City) _____ (State) _____ (Zip) _____
Applicant's home phone: _____ email: _____

Date of birth: _____ Church Affiliation (Optional): _____

PERSONAL INFORMATION:

Height: _____ Weight: _____ Sex: M F Age _____

State of applicant's health _____

Does the applicant have any special needs? _____

Ethnic Group (Optional): African American Caucasian Middle Eastern Latino/Hispanic
Asian American Native American Multiracial

FAMILY INFORMATION:

Father's full name: _____

Father's occupation: _____ Position: _____

Business name and address: _____

Business Phone: _____ Cell Phone: _____

Mother's full name: _____

Mother's occupation: _____ Position: _____

Business name and address: _____

Business Phone: _____ Cell Phone: _____

Applicant resides with: _____

Is either parent forbidden by court order from having equal access to applicant or his/her school records? _____

Brothers and sisters:(names and ages) _____

Emergency contact other than parents: _____
(Name & Relationship)

(Phone)

ACADEMIC INFORMATION:

Name of school presently attending: _____

Present teacher's full name: _____

School's address: _____

Director or principal's full name: _____

What schools has applicant attended in the last 3 years? Please give names, addresses, and dates of attendance:

Applicant's special interests: _____

Whom can we thank for referring you to us? _____

OTHER IMPORTANT INFORMATION:

In order for grandparents to be included in our Good Shepherd family, please list them below:

First Name	Last Name	Address	City	State	Zip

REFERENCES:

KINDERGARTEN THROUGH 5TH GRADE ONLY: Two reference forms have been included with this application. Please give the School Reference form to the applicant's present teacher. The Personal Reference form is for a non-related person.

PRESCHOOL: Personal Reference form only.

I hereby waive my right to inspect and review any reference which may be requested by Good Shepherd School in regard to my application with the understanding that:

1. These comments may be used only for the purposes of evaluating my qualifications for entrance to Good Shepherd School, and will not be available to any other institution, organization or private party.
2. This waiver will remain in effect until I notify Good Shepherd School in writing, at which time these documents will be removed from the file and returned to the author or destroyed.

Date

Parent's Signature

NOTE: A NON-REFUNDABLE CHECK IN THE AMOUNT OF \$50.00 PAYABLE TO GOOD SHEPHERD SCHOOL MUST BE ENCLOSED WITH THIS APPLICATION

RECEIVED BY: _____ DATE: _____