



Good Shepherd Catholic School
14187 S.W. 72 Street, Miami, FL 33183
Phone: 305-385-7002 Fax: 305-385-7026
www.good-shepherd-school.org

Office Use Only
Date Rec'd. _____
_____ All documents
_____ Initials

Date: _____

Grade Entering: _____ **Application Fee: \$50.00 non-refundable (CASH ONLY)**

**Application for Admission
 Mother Seton Program
 2019-2020**

Family Last Name: _____
(Persons responsible for student's financial obligations)

Student's Name: _____
 (Last) (First) (MI)

Social Security Number: _____ Date of Birth: _____
 MM-DD-YYYY

Place of Birth: _____ U.S. Citizen: _____ Yes _____ No

If not U.S. Citizen, indicate Visa type: _____ Sex: M F

Religion: _____ Sacraments: ___Baptism___ Communion ___ Confirmation ___ N/A

Immigration Naturalization Services **requires that a student holds a student visa (F-1) before they are allowed to attend classes in a school in the United States.** A school is not allowed to admit a child who is in the country on a Tourist (B-1 or B-2) Visa.

Student lives with: ___Both Parents___ ___Mother___ ___Father___ ___Guardian___
 ___Mother/Stepfather___ ___Father/Stepmother___

If parents are divorced, which parent has custody of student? Mother___ Father___ Both___
Custody documents must be provided with this application.

Name of person student lives with: _____

Home Address: _____
 (Street) (City) (Zip Code)

Home Phone Number: _____

Mother's Name: _____ Email Address: _____

Occupation: _____ Place of Employment: _____

Work Phone #: _____ Cell Phone #: _____

Father's Name: _____ Email Address: _____

Occupation: _____ Place of Employment: _____

Work Phone #: _____ Cell Phone #: _____

Brother(s): _____ Sister(s): _____
 (Name) (Age) (Name) (Age)

Brother(s): _____ Sister(s): _____
(Name) (Age) (Name) (Age)

Please list name(s) and address (es) of school(s) that applicant has attended within the past five years and how long he/she attended each.

Name and Address of School	Year(s) Attended	Grade
----------------------------	------------------	-------

Has student applied to Good Shepherd previously? _____ Year _____

Has this student ever been dismissed from any school? If answer is yes, please explain.

What language is spoken at home? _____

Has this child ever been tested for a learning disability? ____ Yes ____ No

If answer is yes, copy of test results must be provided with this application.

Has this child ever been tested for giftedness? ____ Yes ____ No

If answer is yes, copy of test results must be provided with this application.

Have behavior, adjustment, or psychiatric case or psychological-educational studies been made on this applicant?

____ Yes ____ No

If answer is yes, please explain.

Please supply copy of documentation.

I HEREBY ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND SUBMIT THIS APPLICATION FOR ADMISSION OF MY CHILD TO GOOD SHEPHERD CATHOLIC SCHOOL.

(Mother's Signature/Father's Signature)

(Date)

The following documents must be submitted with application:

- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Copy of First Communion Certificate (if applicable)
- Standardized Test Scores (if applicable)
- Latest Report Card
- Copy of Report Card showing promotion to next grade level
- Health Form/Immunization Form
- Athletic Consent Form (2nd-8th Grade Only)
- Immigration Paperwork (if applicable)
- Custody documents (if applicable)
- IEP/504 (if applicable)
- Current Psycho/Educational Evaluation (if applicable)
- Wallet size picture of your child

Recommended by: _____ **Family**