



APPLICATION FOR ADMISSION

Please complete this application and return to Michele Huerta - m.huerta@goodshepherdschool.us

Applying for grade:

Year:

- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Applicant Information

Name:

Date of Birth:

- Male
- Female

Street Address:

City, State, Zip:

Home Phone:

Religion & Parish:

Current School

School Name:

Street Address:

City, State, Zip:

Phone:

Teacher's Name:

Parent/Guardian Information

Name:

Street Address:

City, State, Zip:

Business Phone:

Cell Phone:

Email Address:

Parent/Guardian Information

Name:

Street Address:

City, State, Zip:

Business Phone:

Cell Phone:

Email Address:



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Learning Needs

Does your child have special learning needs?

Yes

No

If yes, please specify:

How did you learn about Good Shepherd School?

Questions?