



## Good Shepherd Christian Academy Christ-Centered Excellence in Education

### STUDENT REGISTRATION FORM

Student's Last Name:		First Name:		MI:	Date of Birth & Age:
Address:				City:	State/Zip:
Home Phone:		Best Email:			
Father's Name:		Father's Employer:		Father's Work #:	Father's Cell #:
Mother's Name:		Mother's Employer:		Mother's Work #:	Mother's Cell #:
Marital Status:		Guardian (if applicable):		Ethnic Group: (optional)	
Sibling #1 Name & Age		Sibling #2 Name & Age		Sibling # 3 Name & Age	
Emergency Contact:		Emergency Phone #1		Emergency Phone #2	
Local School District:		Previous School (if any): Note: Records must be submitted before school begins.			
Has your child ever been evaluated by a child Study Team?    Yes    No		Classification (if Any):			
Academic Concerns:					
Has your child ever been dismissed or suspended from any school? If so, please explain.					
Behavioral Concerns:					
Special Health/Allergy Concerns:					
Doctor's Office/Phone:			Dentist's Office/Phone:		
Does your child attend Church Regularly?		Church Name:		Church Address:	
How did you hear about GSCA?					
<b>Days and Hours of Attendance: Preschool Only</b>				<b>Grade Entering: GSCA Only</b>	
Please Note: If you live in Washington Township or Boro, more than 2mi from GSCA and your student needs to ride bus, fill out the Transp. Form ASAP.		Bus passes are awarded first come first served basis.			

For Office Use Only:		
Date Received:		
Date Entered:		
Entered by:		
Paid: \$	Ck #	Cash \$