

GOOD SHEPHERD LUTHERAN SCHOOL
99 Central Park Road, Plainview, N.Y. 11803
Tel. (516) 349-1966 Fax (516) 349-8434
www.ourshepherdlives.org



For Office Use only:
\$100 Application Fee _____
Rec'd Date _____
Ref. No. _____
Birth Certificate _____
Payment Agreement _____

APPLICATION FOR ENROLLMENT 2012-2013

Please check appropriate choice of program:

Pre-Kindergarten: (4 years by Dec. 31, 2012)

Full Day 9:00 am - 3:00 pm Mon-Fri (5 days/wk) _____ (4days/wk) _____ Mon/Wed/Fri (3 days/wk) _____

[For 4 Full Day Program, please choose days: M__Tu__W__Th__F__]

A.M. 9:00 am - 11:30 am Mon-Fri (5 days/wk) _____ or ~~Mon/Wed/Fri (3 days/wk) _____~~ - filled-

Nursery: (3 years by Dec. 31, 2012) (Must be toilet trained)

Full Day 9:00 am - 3:00 pm Mon-Fri (5 days/wk) _____ (4days/wk) _____ (3 days/wk) _____

[For 3 or 4 Full Day Program, please choose days: M__Tu__W__Th__F__]

~~-filled-~~ A.M. 9:00 am - 11:30 am ~~Mon/Wed/Fri (3 days/wk) _____~~ or ~~Tues/Thurs (2 days/wk) _____~~ - filled-

P.M. 12:30 pm - 3:00 pm Mon/Wed/Fri (3 days/wk) _____

Toddler: (2 years by Dec. 31, 2012) (Adult on call in case of needed diaper change; child should be ready to separate)

Separation Program 9:30 am - 11:30 am Mon/Wed _____ or 9:30 am - 11:30 am Tues/Thurs _____

How did you hear about Good Shepherd Lutheran School?

Currently Enrolled _____ Parent of child _____ Friend _____ Advertisement _____ Local School _____ Church _____ Web Site _____

CHILD'S HOUSEHOLD INFORMATION (Please Print)

Child's Name _____ Date of Birth: ___/___/___ Sex _____
Last First M.I.

Secondary Household Information (if applicable):

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

School District _____

Home Phone (____) _____ Alt. Phone (____) _____

Home Email _____ Alt. Email _____

FAMILY INFORMATION:

Marital Status: Married _____ Divorced _____ Separated _____ Legal Guardian _____ Other _____

Mother's Name: _____

Father's Name: _____

Alternate Phone (cell): _____

Alternate Phone (cell): _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Business Email: _____

Business Email: _____

Please complete the reverse side of this form →

CHILD'S PERSONAL INFORMATION

Preferred Name: _____

Has your child been baptized? Yes ___ No ___

Date _____ Denomination _____

Does your child speak English proficiently? Yes ___ No ___

What other language does your child speak? _____

List Allergies/Medical Conditions: _____

Does your child have an IEP? Yes ___ No ___ (Individualized Education Program)

IEP Services provided by: _____

BROTHERS & SISTERS:

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

CHURCH MEMBERSHIP: (Church Name and Denomination)

Mother : _____ Father: _____

Would you like to be added to our church newsletter email mailing list? Yes ___ No ___ (be sure to add email address on Side 1)

We are required to report racial information to the New York State Department of Education for statistical purposes only.
Please indicate the appropriate choice.
American Indian or Alaskan Native ___
Black (not Hispanic origin) ___
Asian or Pacific islands ___
Hispanic ___
White (not Hispanic origin) ___

PERMISSIONS:

I give permission for my child's name, address, phone number, etc. to be included in the class list.

(This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

yes no

Parent Signature

I give permission for my child's picture to appear in the local newspaper.

(Names of children are not published along with pictures. School events are photographed for publicity purposes only.)

yes no

Parent Signature

BIRTH CERTIFICATE - BAPTISMAL CERTIFICATE - PASSPORT:

A legible copy of the child's proof of birth date must be submitted with this application for all new children entering the school.

APPLICATION FEE:

A \$100 non-refundable application fee must be submitted with this application.

Good Shepherd Lutheran School grants to students of any race, color, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Good Shepherd Lutheran School in working with my child. I understand that the \$100 application fee is non-refundable and a \$25 fee may be charged if I make a program change. In addition, I have reviewed the Tuition and Fee Schedule, Late Fee, Returned Check Fee, and Refund Policy. I understand these procedures and agree to fulfill my financial obligations to Good Shepherd.

Person(s) responsible for tuition payments: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____