

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 2011-2012

Please check appropriate choice of program:

### Pre-Kindergarten: - (4 years by Dec. 31, 2011)

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) \_\_\_\_

P.M. 12:30 pm - 3:00 pm Mon-Fri (5 days/wk) \_\_\_\_ or Mon/Wed/Fri (3 days/wk) \_\_\_\_

### Nursery: - (3 years by Dec. 31, 2011) (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\_\_]

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

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

### Toddler: - (2 years by Dec. 31, 2011)

With Parent (or other adult) 9:15 am - 10:45 am Tues/Thurs \_\_\_\_

Separation Program 9:30 am - 11:30 am Mon/Wed \_\_\_\_ or 11:00 am - 1:00 pm 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: \_\_\_\_\_

*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) \_\_\_

**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)

**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, whether your child is new or returning.

**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, 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 \_\_\_\_\_