



GOOD SHEPHERD SCHOOL

APPLICATION *for* ADMISSION

903.592.4045 | WWW.GSSTYLER.ORG | OFFICE@GSSTYLER.ORG

FAMILY INFORMATION

Name of Father	Last	First	Middle	Email
Name of Mother	Last	First	Middle	Email
Address		City/State/Zip		Home Phone No.
Father's Occupation		Work Phone No.		Employer
Mother's Occupation		Work Phone No.		Employer
Father's Cell Phone No.		Mother's Cell Phone No.		If Parents are: <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased who has legal custody? _____

STUDENT INFORMATION

	1 st Child	2 nd Child	3 rd Child
Child's full legal name			
Name used			
Date of birth			
Male/Female			
Grade level applying for			
Check if student has... (1 st grade & up only)	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw	<input type="checkbox"/> Skipped a grade <input type="checkbox"/> Failed or repeated a grade <input type="checkbox"/> Been expelled or asked to withdraw
Last Daycare/Preschool attended (Preschool only)			

Are there special medical or legal issues that the school should be aware of? Yes No If yes, please attach a separate sheet describing.

CHURCH INFORMATION

Name of Church (and Denomination) and Address	Name of Pastor	Phone No.
CHURCH ATTENDANCE:		
Regular = at least 3 Sundays every month Occasional = at least once every month Seldom = less than once a month	Father <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Children <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom

OFFICE USE ONLY

<input type="checkbox"/> Completed App. <input type="checkbox"/> Date Received <input type="checkbox"/> Testing Fee Pd. <input type="checkbox"/> Interview <input type="checkbox"/> Imm. Record <input type="checkbox"/> Transc. Release <input type="checkbox"/> Signed Agreement <input type="checkbox"/> Emergency Info. <input type="checkbox"/> Parent HB <input type="checkbox"/> Medical statement <input type="checkbox"/> Birth Certificate	Acocunt-Billing Name: _____ Tuition: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly Pmt. (ck# _____ date _____ \$ _____ <input type="checkbox"/> Registr. <input type="checkbox"/> Tuition
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CONTACT INFORMATION

- Emergency contact
- Permission to pick up my child

Name	Relationship	
<hr/>		
Address	City, State, Zip	
<hr/>		
Phone #1	Phone #2	Email

- Emergency contact
- Permission to pick up my child

Name	Relationship	
<hr/>		
Address	City, State, Zip	
<hr/>		
Phone #1	Phone #2	Email

- Emergency contact
- Permission to pick up my child

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<hr/>		
Phone #1	Phone #2	Email

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<hr/>		
Address	City, State, Zip	
<hr/>		
Phone #1	Phone #2	Email

- Emergency contact
- Permission to pick up my child

Name	Relationship	
<hr/>		
Address	City, State, Zip	
<hr/>		
Phone #1	Phone #2	Email

MEDICAL INFORMATION

Name of Child _____ Date of Birth _____

IMMUNIZATION RECORD

Return a photocopy of Immunization record with physician's signature.

MEDICAL EXAMINATION RECORD

Admission requirement: One of the following must be presented when your preschool-kindergarten age child is admitted to Good Shepherd School:

1 *Doctor's or Clinic's statement*

The above named child has been examined by me (or at our clinic) within the past year and found that he/she is physically able to take part in the preschool/day care program.

Physician's signature or Authorized Signature from Clinic

Date

OR

2 If medical diagnosis, treatment, and/or immunization and TB testing conflict with religious beliefs, you must sign an affidavit (a notarized statement) to that effect and attach it to this form.

If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

Signature of Parent or Legal Guardian

Date

EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

PHYSICIAN: _____ or HOSPITAL: _____

Medical Insurance Provider: _____

Policy Number: _____ Group: _____

In the event I cannot be reached, I authorize Good Shepherd to secure any and all necessary emergency medical care for the safety and well-being of my child. I assume any applicable costs for emergency care after relevant insurance coverage is applied.

Signature: _____ Date: _____

List any special problems that your child may have, such as allergies, existing illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

(NA if not applicable) _____ (additional sheet if necessary)

ENROLLMENT AGREEMENT & FINANCIAL TERMS

A parent or guardian of the student(s) enrolled (hereafter referred to as "Members"), and admitted to Good Shepherd Reformed Episcopal School of Tyler, Texas ACCEPT AND AGREES TO BE BOUND BY THE FOLLOWING TERMS:

PAYMENT OF TUITION FOR THE CURRENT SCHOOL YEAR as set forth in the published Tuition & Fees Schedule in accord with the billing schedule and arrangements agreed upon prior to admission. Adjustments may be made to the scheduled tuition agreement if financial aid is awarded.

DELINQUENT ACCOUNT—Timely payment of tuition and school fees is vital to the operating budget of the school. Therefore:

1. If payment is not received by the 8th of the month (or the next business day), the account will be assessed a finance charge.
2. If a check is returned for insufficient funds, a returned check charge will be applied in addition to any applicable finance charge. Future payments may be required in cash or by money order for continued enrollment.
3. Dismissal for failure to pay the tuition in accord with the financial policy of the School will not relieve the parent or guardian from remaining tuition due. Good Shepherd may withhold all grades and transcripts for any student until the delinquent account and penalties have been paid in full.

FULL YEAR OBLIGATION FOR TUITION for FIRST GRADE THROUGH TWELFTH GRADE—Good Shepherd Reformed Episcopal School incurs expenses of a continuing nature, including year-long financial commitments to faculty, staff, vendors, facilities, maintenance, and others on behalf of students. Thus, in order for the school to plan and maintain these services over the entire academic year, it is essential that the total annual income from tuition and fees be ensured. For this reason, it is understood and agreed that the obligation to pay tuition and fees for the full academic year is unconditional and takes effect upon the first tuition due date. No portion of any tuition and/or fees, paid or payable, for the above student(s) will be automatically refunded or canceled for any reason, other than for those exceptions listed below. The School shall have the right to legal action for collection of all school fees, and the parent/guardian agrees to be responsible for all costs of collection, including court expenses and reasonable attorney fees.

Exceptions for refunding or cancellation of this obligation are:

1. The student's permanent place of residence changes during the term of this agreement to a location that is more than 30 miles from the Good Shepherd campus in Tyler and is more distant than the student's place of residence on the date of this agreement, which change could not have been reasonably anticipated on the date of this agreement. Satisfactory evidence of such change may be required.
2. A change in the student's health necessitates withdrawal from the school for medical reasons. The school may require a written opinion from the student's attending physician stating that the student's withdrawal from the school is necessary for medical reasons.

Appeal for partial relief of this obligation due to extraordinary circumstances, may be submitted in written form for consideration by the governing Board of Trustees, understanding that such appeal carries no assurance that any relief will be granted, given the primary responsibility of the Board of Trustees to guard the financial stability of the school.

SCHOOL'S RIGHTS RESERVED—All members of Good Shepherd Reformed Episcopal School consent to the rules and regulations of the School as stated in the current handbook and published literature. It is further understood that the School reserves the right to insist upon immediate withdrawal of any student who in conduct, industry, or progress proves not to be in harmony with Good Shepherd Reformed Episcopal School standards or policies.

RELEASE OF LIABILITY—Good Shepherd Reformed Episcopal School members agree to release and hold harmless the School, its agents and employees from all claims, damages, or other liabilities for injuries to his child which are not the result of gross negligence by this school, its agents, or employees. A Member of Good Shepherd School also agrees to indemnify the school for all damages caused by his child.

JURISDICTION—The Enrollment Agreement is executed in Tyler, Smith County, Texas, and shall be interpreted in accordance with the laws of the State of Texas. All tuition and fees are payable at the offices of Good Shepherd Reformed Episcopal School, Tyler, Texas.

BINDING EFFECT OF THIS AGREEMENT—This agreement shall not become binding upon the School or the undersigned until

1. the first tuition due date of the upcoming school year,
2. final adjustments to the base tuition have been made, and
3. the agreement has been signed or accepted by electronic signature and received by the school.

Signature: _____ Date: _____

Social Security #:

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