

STUDENT INFORMATION 17-18 School Year *Please give student's legal name

Last Name _____ First _____ Middle _____

Name to be used at school _____

Street Address _____

City _____ Zip _____

Home Phone _____

Sex M Fe (circle) Age _____ DOB _____

Name of Child's Public School District _____

If in the Greensburg School District, do you plan to ride the bus? Y N

Any special needs (medical, allergies, etc.) _____

Other information that would be helpful for the teacher _____

FAMILY INFORMATION

Father/Guardian Name _____

Employer _____ Father Cell Phone _____

Mother/Guardian Name _____

Employer _____ Mother Cell Phone _____

E-mail address _____

Church Affiliation _____

Siblings:

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Phone # to be added to Good Shepherd Christian Academy's REMIND app. _ _ _ *17-18 Beginning Date: 8/2/17

Office Use: # _____ Choice Y/N SGO Y/N ISP Y/N

Language Code:

Student Enrollment Date:

Ethnicity Code:

Student Withdrawal Date:

Withdrawal Code: