

Good Shepherd Christian Academy Registration Form

2025-2026 School Year

Family Name _____ Main Phone _____
Home Address _____ City _____ Zip _____
Ethnicity _____ Language Spoken _____ English _____ Spanish _____ Japanese _____

STUDENTS YOU ARE REGISTERING AT GSCA (Please list oldest to youngest.)

First Middle Last Nickname Grade DOB

*** Note: A copy of all custody/divorce/guardianship papers must be on file in the school office***

MOTHER'S INFORMATION

Name _____ Email Address _____
Phone (for Remind & emergency contact) _____
Address (if different from above) _____
Employer _____ Work Phone _____
Member of First Baptist Church Greensburg [] Yes [] No If no, what church do you attend:

FATHER'S INFORMATION

Name _____ Email Address _____
Phone (for Remind & emergency contact) _____
Address (if different from above) _____
Employer _____ Work Phone _____
Member of First Baptist Church Greensburg [] Yes [] No If no, what church do you attend:

EMERGENCY CONTACTS (Responsible person(s) that may be called to come for your child(ren) in case of illness or other emergency if you cannot be reached)

Name _____ Relationship _____
Contact Number _____

Name _____ Relationship _____

Contact Number _____ (Continued on other side ...)

AUTHORIZED PERSON(S) (Person(s) authorized to pick your child up from school in addition to emergency contacts noted above)

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

Please circle the usual transportation for your child(ren):

Morning: bus car Afternoon: bus car

According to your address, which public elementary school would your child(ren) attend if not enrolled at GSCA? _____

What school did your child(ren) attend last year (if any)? _____

Please list any academic support or enrichment services (special education, Title I, Title III, etc.) your child has received:

Student _____ Services _____
Student _____ Services _____

Please list any additional academic concerns the school should be aware of:

Student _____ Concerns _____
Student _____ Concerns _____

I give permission for my child(ren) to access the Internet on filtered school devices. Please contact the school if you would like a copy of our Acceptable Use Policy. Parent Initials _____

I give permission for my child(ren)'s photograph to be used in print and social media. Parent Initials _____

Parent Signature _____ Date _____