

# 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

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**\* 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 \_\_\_\_\_