

GOOD SHEPHERD SCHOOL

PO Box 169

Louisville, OH 44641

Child's Full Name _____ Date _____

Birthdate _____ Sex _____ Last Grade Completed _____

Mother

Father

Name _____ Name _____

Address _____ Address (if different) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Home Phone (if different) _____ Work Phone _____

Child's Physician _____ Phone _____

Other Persons to notify in case of illness or accident:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Persons permitted to pick up student (other than parent):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Any allergies or special needs:

Parent's Agreement

I hereby give my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or my spouse before such action is taken. I agree to pay tuition on a monthly basis for the time my child is enrolled. I understand that I may withdraw my child at any time by notifying the school one week in advance. Withdrawal is effective the Friday of the week of notification, and all fees are payable on other absences.

Parent's Signature

Please enclose a registration fee of \$75.00 per student. The fee is refundable only if space is unavailable.