

Good Shepherd School
PO Box 169
Louisville, Oh 44641

APPLICATION FOR REENROLLMENT

Child's Full Name _____ Birth date _____

Address _____

Home Phone _____ 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: (not previously given)

Parent's Agreement

I hereby give my consent to have my child treated by physicians for medical or surgical care should an emergency arise. I also understand that every effort will be made to contact me or my spouse before such action is taken.

Date

Parent's Signature

Student's Agreement

I understand that attendance at Good Shepherd School is a privilege and not a right. I hereby promise to follow school rules and policies agreeably and faithfully, with God's help.

Date

Student's Signature