



**GOOD SHEPHERD CATHOLIC SCHOOL**  
 148 S. Linden Drive ♦ Beverly Hills, CA 90212  
 Tel. 310-275-8601 ♦ Fax 310-275-0366

## STUDENT APPLICATION REGISTRATION REQUIREMENTS

DATE: \_\_\_\_\_

GRADE FOR NEXT SCHOOL YEAR \_\_\_\_\_

\_\_\_\_\_  
 STUDENT NAME

\_\_\_\_\_  
 PARENT NAME (PLEASE PRINT)

\_\_\_\_\_  
 PHONE NUMBER

	RETURNED		RETURNED
REGISTRATION FORM	_____	& REGISTRATION/TESTING FEE	_____
BIRTH CERTIFICATE (ORIGINAL)	_____	⇔ ⇔ OR PASSPORT	_____
BAPTISMAL CERTIFICATE (ORIGINAL)	_____		
SOCIAL SECURITY CARD (ORIGINAL)	_____		
LATEST REPORT CARD / CURRENT TEST SCORES	_____	TEACHER RECOMMENDATIONS	_____
HEALTH EXAM FOR SCHOOL ENTRY (SIGNED AND STAMPED BY DOCTOR)	_____		
IMMUNIZATION RECORD (YELLOW CARD – ORIGINAL)	_____		
AUTHORIZATION TO RELEASE RECORDS	_____		
VOLUNTEER SERVICE FORM	_____		
FINISHED VIRTUS CLASS AND RECEIVED COPY OF COMPLETION	_____	FINGERPRINTED AND RECEIVED COPY OF COMPLETION	_____
RELEASE & USE OF ELECTRONIC COMMUNICATION	_____		
HOME LANGUAGE SURVEY	_____		
PARENT HANDBOOK AGREEMENT	_____		
CHURCH PERMISSION SLIP	_____		
EMERGENCY CARD (OFFICE)	_____		
PARENT FINANCIAL AGREEMENT (OFFICE)	_____		