

**GOOD SHEPHERD CATHOLIC SCHOOL**  
2727 Mattison Lane, Santa Cruz, CA 95065

(\$75.00 processing fee  
due with this application.)



**Preschool – 8<sup>th</sup> SCHOOL APPLICATION FORM**  
**DIOCESE OF MONTEREY**

Date of Application \_\_\_\_\_

Desired Enrollment Date \_\_\_\_\_

Entering Grade \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Last First Middle (Nickname)

Sex: M F

Home Address \_\_\_\_\_  
Street & Number City Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Religion: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State/Country

Please check the one that applies to the child:

**Ethnic Background**

- Hispanic
- Caucasian
- African Amer.
- Asian
- Native American
- Multi-Cultural

**Living with:**

- Both Parents
- Father
- Mother
- Legal Guardian
- Foster Parent
- Shared Custody
- Other (Specify): \_\_\_\_\_

**Language Spoken in the Home**

- English
- Other (Specify): \_\_\_\_\_

**Student's First Language(s)**

- English
- Other (Specify): \_\_\_\_\_

**Parental Information**

- Father:**  Single  
 Married  
 Divorced  
 Remarried  
 Deceased

- Mother:**  Single  
 Married  
 Divorced  
 Remarried  
 Deceased

**Citizenship**  U.S. Citizen  Non-U.S. Citizen (Specify): \_\_\_\_\_

**FAMILY RECORD**

**Father's Name**

Last First E-Mail

Address \_\_\_\_\_  
Street & Number City State Zip

Home # (\_\_\_\_) \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_  
Name of Business Type of Work

Business Address \_\_\_\_\_  
Street & Number City State Zip

Place of Birth \_\_\_\_\_ U.S. Citizen  Yes  No Religion \_\_\_\_\_

**Mother's Name**

Last First E-Mail

Address \_\_\_\_\_  
Street & Number City State Zip

Home # (\_\_\_\_) \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_  
Name of Business Type of Work

Business Address \_\_\_\_\_  
Street & Number City State Zip

Place of Birth \_\_\_\_\_ U.S. Citizen  Yes  No Religion \_\_\_\_\_

[If child not living with parent(s)]:

**Legal Guardian's Name**

\_\_\_\_\_ Last First Middle

Address \_\_\_\_\_ Street & Number City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Name of Business Type of Work

\_\_\_\_\_ Street & Number City State Zip

Relationship to Child \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

**OTHER FAMILY MEMBERS WHO ARE ATTENDING/HAVE ATTENDED THE SCHOOL**

Name	Dates	Name	Dates
_____	_____	_____	_____
_____	_____	_____	_____

**RECORD OF SACRAMENTS**

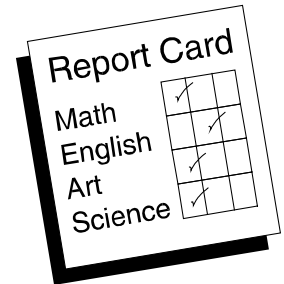
	<u>BAPTISM</u>	<u>FIRST RECONCILIATION</u>	<u>FIRST EUCHARIST</u>
Date	_____	_____	_____
Church	_____	_____	_____
City	_____	_____	_____

\_\_\_\_\_ Name of parish, church or temple family currently attends \_\_\_\_\_ City \_\_\_\_\_ Registered? (Yes/No)

**PREVIOUS SCHOOLING**

List all school(s) previously attended, including Preschool through current year.

<u>Grade(s)</u>	<u>Name of School</u>
_____	_____
_____	_____
_____	_____



• Public School District where student currently lives \_\_\_\_\_

• HAS CHILD RECEIVED SPECIALIZED EDUCATIONAL TESTING? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

• DOES CHILD CURRENTLY HAVE AN IEP? \_\_\_\_ Yes \_\_\_\_ No

• HAS CHILD BEEN A RECIPIENT OF SPECIALIZED SERVICES ON OR OFF THE SCHOOL SITE? \_\_\_\_ Yes \_\_\_\_ No

• IS CHILD CURRENTLY ENROLLED IN HONORS OR GATE PROGRAM? \_\_\_\_ Yes \_\_\_\_ No

**REASON(s) FOR APPLYING TO GOOD SHEPHERD CATHOLIC SCHOOL**

\_\_\_\_\_  
\_\_\_\_\_

Good Shepherd Catholic School does not discriminate on the basis of race, color, national and/or ethnic origin, age or gender in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.