



20 Winthrop Street  
Charlestown, MA 02129  
Tel: 617-242-8800  
Fax: 617-242-0016  
director@gsscharlestown.org

## New Student Application Academic Year 2019-2020

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Child's Home Phone Number: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_

Please list any other languages spoken at home: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

What is the religion of your child? \_\_\_\_\_ Is your child baptized? Yes No (Please circle)

If baptized, please list the name of the parish and town/state:

\_\_\_\_\_

Does your child currently attend mass? Yes No (Please circle)

If yes, please list the name of the parish: \_\_\_\_\_

Has your child attended another school? Yes No (Please circle)

Name of School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Siblings: (Name)	(Date of Birth)	(Sex)	(School Now Attending, if applicable)
------------------	-----------------	-------	---------------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Good Shepherd School begins each year in early September and concludes in early June.**

2019-2020 Tuition Rates:

Schedule Options	Half Day 8:00am –12:00pm	Lunch Bunch 8:00am – 12:30	Full Day 8:00am – 3:00pm	Extended Day 8:00am – 5:30pm
<b>2 days – Tu/Th</b> 2 year old Toddlers	\$7,640.00	\$7,940.00	\$8,740.00	\$10,340.00
<b>3 days – M/W/F**</b> 2 year old Toddlers	\$10,570.00	\$11,020.00	\$12,220.00	\$14,620.00
<b>3 days – M/W/F**</b> 2 years 9 months + Preschool	\$8,500.00	\$8,950.00	\$10,000.00	\$12,250.00
<b>4 days per week (M-Th)</b>	\$9,380.00	\$9,980.00	\$11,380.00	\$14,380.00
<b>5 days per week (M-F)</b>	\$10,850.00	\$11,600.00	\$13,350.00	\$17,100.00

**Please circle your desired schedule above**, we will be taking all ages and schedules into consideration as we receive applications. \*\*The 3-day class will be either Toddler or Preschool, based on the needs of the applicant pool. Please understand that the 3-day class may not end up being available to your age group.

Filling out an application does not guarantee a space at Good Shepherd School or your desired schedule. While every effort will be made to accommodate preferences, the final determination of classroom placement and schedule availability will be determined by Good Shepherd School.

**Tuition is yearly** and is payable in full by July 1, 2019, or in two payments on or before July 1, 2019 and January 1, 2020, or through FACTS Tuition Management Service.

If using FACTS, you must sign up by FACTS by June 1, 2019. Through FACTS you will pay the annual tuition in **10 installments** beginning on July 5<sup>th</sup> of the year that the child enrolls at Good Shepherd School. For example, the family will pay the first tuition installment for September 2019 enrollment on July 5, 2019. Nine additional installments will follow on the 5<sup>th</sup> of each month respectively and will be made through FACTS Tuition Management options.

**Limited scholarships are available.** For more information, contact James Santosuosso at Good Shepherd School Business Office at [jsantosuosso@gsscharlestown.org](mailto:jsantosuosso@gsscharlestown.org).

**\*A \$100.00 application fee must accompany this application.**  
**Please make checks payable to “Good Shepherd School.”**

**Notice of Nondiscriminatory Policy as to Students**

Good Shepherd School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Mother/Guardian's Name: _____	Father/Guardian's Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____ _____	Home Address: _____ _____
Reachable Phone #: _____	Reachable Phone #: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Address: _____ _____	Employer Address: _____ _____
Hours at Work: _____	Hours at Work: _____

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Care Plan for child with a chronic health condition? If yes, please attach: \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach: \_\_\_\_\_

Special Limitations or concerns? \_\_\_\_\_

How did you hear about the Good Shepherd School?  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_