



20 Winthrop Street
Charlestown, MA 02129
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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)
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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
2 days – Tu/Th 2 year old Toddlers	\$7,640.00	\$7,940.00	\$8,740.00	\$10,340.00
3 days – M/W/F** 2 year old Toddlers	\$10,570.00	\$11,020.00	\$12,220.00	\$14,620.00
3 days – M/W/F** 2 years 9 months + Preschool	\$8,500.00	\$8,950.00	\$10,000.00	\$12,250.00
4 days per week (M-Th)	\$9,380.00	\$9,980.00	\$11,380.00	\$14,380.00
5 days per week (M-F)	\$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.

*A **\$100.00 application processing fee** must accompany this application. This fee is non-refundable and non-applicable. Please make checks payable to “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 5th 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 5th 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.

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:** _____