

PRESCHOOL REGISTRATION

Student Name: _____

faithful + beginnings



GOOD SHEPHERD
S C H O O L

REGISTRATION FOR ADMISSION

145 Jersey Avenue South, Golden Valley, MN 55426
Phone: (763) 545-4285 • Fax: (763) 545-1896

For school use only

Registration Received: _____

Registration Fee Received: _____

Faithful Beginnings at Good Shepherd School

Mother's Full Name

Father's Full Name

Student's Legal Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Mother's E-mail

Mother's Phone Number

Father's E-mail

Father's Phone Number

Gender: Male Female

Date of Birth*: / /
month/day/year

Please select your preferred day options: 5 Days (M-F) 3 Days (M-W-F) 2 Days (T-Th)

Before school care needed? Yes No After school care needed? Yes No

Is your intent to send your child to Kindergarten at Good Shepherd? Yes No

Do you have a current student at Good Shepherd School? Yes No

Are you an alumni of Good Shepherd School? Yes No

Are you a parishioner of Good Shepherd Church? Yes No

Thank you for registering for Faithful Beginnings at Good Shepherd School.