

The Good Shepherd Academy

High School Application

	App	lication Fee <i>(\$100.00 per o</i>	child)	
Date		_Applying for Grade	School Ye	ear
Applicant's Name				
	Last	Fi	rst	Middle
Preferred Name		_ Parent Primary Phone ()	
Home Address				
S	Street	City	State	1
Date of Birth	Age	Place of Birth	Country of Cit	izenship
Native Language	Religion _	Parish or Chu	rch you attend	
Date of Baptism	Date of Fin	rst Communion	Date of Confirm	ation
How did you learn abou	ut The Good Sheph	erd Academy?		
Applicant lives with Is applicant adopted? _	☐ Both parents Do other adul	ivorced □ Separated □ □ Mother □ Father □ ts live at home? Name □ E-mail address	Guardian es and role	
		Religion		
Home Address				
Place of Work		(if different from above) Wo	ork Phone ()	
Work Address		Positio	n or Title	
College(s) Attended		Degree(s) Comp	oleted	
Father's volunteer activetc.):	vities, hobbies or sp	ecial interests (including m	nusical, dramatic, athle	etic, computer, crafts

Mother's Name	E-mail address	
Maiden Name	Cell Phone ()	
Home Address	1	Religion
Place of Work	Work l	Phone ()
Work Address		Position or Title
College(s) Attended	Degree(s)	
PARENT VOLUNTEER ACT	TIVITIES/SPECIAL INTEREST/H	IOBBIES
Please list special skills, talents or a Academy. Include musical, dramatical	•	volunteer at The Good Shepherd
NAMES AND AGES OF SIB		CURRENTLY ATTENDING
	t has attended. (Except for students appl we wait for official transcripts.) If the ap rels, and curricula used.	
School	Location	Attendance Dates
Has the applicant ever skipped a gr		
Has the applicant ever repeated a g	rade? If so, what grade?	

Does the applicant have any diagnosed physical or learning disabilities? If yes, please describe:
Has he/she had academic or discipline problems in school? If so, in what areas:
Has he/she ever had frequent absences or tardiness? If so, explain:
Has he/she ever been subject to a suspension or expulsion? If so, explain:
If you are transferring, why do you wish to transfer?
MEDICAL INFORMATION (A medical examination and certificate signed by your doctor are required upon enrollment.) Does the applicant suffer from any specific health conditions that we should be aware of? Please explain:
Does he/she require any special attention?
Is he/she currently taking any medication? If so, what kind?
Has the applicant ever had an operation? If so, what kind and At what age?
Has he/she ever had a serious injury? If so, what and at what age?
Has applicant stayed home from school repeatedly or for long periods due to illness? Please explain:
Has applicant ever received special attention or evaluation from a psychologist, therapist or counselor? If so, please list the date, name and address of consultants and describe the situation briefly. Date(s): Name: Address:
Brief description: Address:

PARENT QUESTIONNAIRE

While taking into consideration the Mission Statement found on the About Us / Mission & Philosophy page of our website: thegoodshepherdacademy.org please answer the following questions with regard to your child applying to The Good ShepherdAcademy

What are your expectations regarding your children's educational experience at The Good Shepherd Academy?
What kinds of activities do you enjoy doing together as a family?
What kind of character formation do you practice at home?
What would you say are your child's main assets, qualities, strengths and talents (academically, socially, physically, and/or morally)?
Further explanations to previous questions:
What are your thoughts about college for your student?



HIGH SCHOOL STUDENT QUESTIONNAIRE

Student's email:
(to be used by College Counselors, teachers and office)
The student applicant should answer these questions in the space below. Additional pages may be attached, if necessary.
What hobbies do you most enjoy outside of school?
What sports or activities do you enjoy most outside of school?
What is your favorite academic subject and why?
Please describe an event that has had a special impact or significance in your life.
What are your ideas about college planning and or after graduation plans?

STUDENT ESSAY

Please neatly hand write your answer to the following question.					
Why do you want to attend The Good Shepherd Academy?					



Teacher Recommendation

Student Name			

This recommendation will be considered in the admission process in addition to entrance exam scores, transcripts, essay and parent and student interviews.

Please indicate with a check mark your rating of the applicant in the following areas:

	Highly		Recommend with	Do Not
	Recommend	Recommend	Reservations	Recommend
Academics				
Commitment to Learning		+	0 ; }	
Work and Study Habits		<u> </u>		
Discipline				
Cooperative, Follows Rules				
Responsible		-	4	<u> </u>
Attendance	-			
General Conduct		-		
Character				
Initiative/Leadership			-	
Personal Relationships	-		-	
Additional Comments (feel free to co	ontinue on reverse	e or add additional	pages):	
Teacher's Name Printed		Teacher's Sig	nature	
T 1 2 C 1 1				

Please mail or email this form to: The Good Shepher Academy - 610 N. San Antonio Avenue, Pomona, CA 91767 or Email: admin@thegoodshepherdacademy.org



Authorization for Release of Student Records

The Good Shepherd Academy will contact the current school named below and request the following records:

- 1) Report cards from two previous academic years
- 2) Standardized Test Scores
- 3) Absence and tardy records-as they appear on cumulative report card
- 4) Conduct and behavior records a request for information, positive or negative, concerning the applicant's behavior that might be helpful to our admission office when evaluating the applicant.

Student Name	School email		
Current School	School Phone		
Please check one of the following:			
	erd Academy <u>not</u> contact my student's current school until my cademy. In the interim, I will provide copies of my student's record	ls	
I hereby authorize the release of my crecords, and any disciplinary records to The	child's academic grades, standardized test scores, absence/tardy e Good Shepherd Academy.		
Parent Signature	Date		
Parent Phone ()			