

## The Good Shepherd Academy

## **High School Application**

	Aŗ	oplication Fee <i>(\$50 per chi</i>	ild)	
Date		Applying for Grade	School Y	ear
Applicant's Name				
	Last	Fi	rst	Middle
Preferred Name		_ Parent Primary Phone (	)	
Home Address				
S	treet	City	State	1
Date of Birth	Age	Place of Birth	Country of Cit	zizenship
Native Language	Religion _	Parish or Chu	rch you attend	
Date of Baptism	Date of Fin	rst Communion	Date of Confirm	nation
How did you learn abou	at The Good Sheph	erd Academy?		
Is applicant adopted? _	Do other adul	☐ Mother ☐ Father ☐  ts live at home? Name  E-mail address	es and role	
Cell Phone ()		Religion		
Home Address				
		(if different from above)		
Place of Work		Wo	ork Phone ()	
Work Address		Positio	n or Title	
College(s) Attended		Degree(s) Comp	oleted	
etc.):		ecial interests (including m		-

Mother's Name	E-mail addres	s	
Maiden Name			
Home Address		Religion _	
Place of Work		Work Phone (_	)
Work Address		Position	or Title
College(s) Attended		Degree(s)	
PARENT VOLUNTEER AC	CTIVITIES/SPECIAL I	NTEREST/HOBBIE	S
Please list special skills, talents of Academy. Include musical, drama	atic, athletic, computer, cra	fts, etc.	at The Good Shepherd
NAMES AND AGES OF SI			
SCHOOL HISTORY List names of schools the applican student records are required while please list length of time, grade le	e we wait for official transc	110	
School	Locatio		Attendance Dates
Has the applicant ever skipped a g		hat grade?	
Has the applicant ever repeated a	grade? If so, w	hat 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:
Address:
Brief description:

### PARENT QUESTIONNAIRE

While taking into consideration the Mission Statement found on the About Us / Mission & Philosophy page of our website: <a href="mailto:thegoodshepherdacademy.org">thegoodshepherdacademy.org</a> 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

Why do you want to attend The Good Shepherd Academy?				

I hereby certify that all information provided on this application and all information given to The Good Shepherd Academy is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to The Good Shepherd Academy is confidential. The Director of Admission may disclose, for official purposes, however, information necessary for the admission decision.

C	lians' signatures:		
lother		Date	
ather		Date	
	nt is signing the application, please explain ast the custodial parent is required.	n below. If the app	plicant's parents are divorced, the
CHE	COLLICT. DEOLUDEMENTS FOR	A DDI ICATION	NI FOR A DIMICCIONI
	CKLIST: REQUIREMENTS FOR		
For us t	to consider your application, the following	g items must be co	ompleted and/or submitted:
	1 / 1 1 1 1 1 1 /		
C	ompleted and signed application		
	ompleted and signed application 00 application fee		
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\$1 Pi	00 application fee	ow Day)	
\$1 Pi St	00 application fee icture of applicant	ow Day)	
\$1 Pi St Co	00 application fee icture of applicant tudent essay (can be submitted after Shadopy of Birth Certificate	ow Day)	
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\$1 St Co A In	00 application fee icture of applicant tudent essay (can be submitted after Shadopy of Birth Certificate opy of Baptismal Certificate	• 7	

#### Please deliver, email or mail application to:

The Good Shepherd Academy

**Admissions** 

P.O. Box 3011 Pomona, CA 91769 or

Email: admin@thegoodshepherdacademy.org

Phone: 909-817-3313

The Good Shepherd Academy 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 other school-administered programs.



# **Teacher Recommendation**

Student Name	
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				
Work and Study Habits				
Discipline Cooperative, Follows Rules				
Responsible				
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	
Teacher's School				

Please mail or email this form to: The Good Shepherd Academy -P.O. Box 3011 Pomona, CA 91769

or Email: admin@thegoodshepherdacademy.org

Phone: 909-817-3313



## Authorization for Release of Student Records

The Good	Shepherd	Academy wil	I contact the cu	urrent school r	named below	and reques	st the followin	g 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:	
	epherd Academy <u>not</u> contact my student's current school until my d Academy. In the interim, I will provide copies of my student's records
I hereby authorize the release of m records, and any disciplinary records to	ny child's academic grades, standardized test scores, absence/tardy The Good Shepherd Academy.
Parent Signature	Date
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