



Good Shepherd Christian Academy
Christ-Centered Excellence in Education

STUDENT REGISTRATION FORM

Last Name:	First Name:	MI:	SS#
Grade Entering:	Date of Birth:	Gender:	
Address:	City:	State:	Zip:
Home Phone:	Home Email:		
Father's Home #	Father's Work #	Father's Cell #	Father's Email:
Mother's Home #	Mother's Work #	Mother's Cell #	Mother's Email:
Emergency Contact 1:	Emergency Phone 1:	Emergency Phone 2:	
Doctor's Office:	Doctor's Phone #		
Dentist's Name:	Dentist's Phone #		
Sibling #1/Grade:	Sibling #2/Grade:	Sibling #3/Grade:	
Previous School (if any):	Previous School Address:	Previous School Phone:	
Previous Grade:	Reason for Leaving:		
Does your child attend Church Regularly?			
Church Name:		Church Address:	
Special Health/Allergy Concerns:			
Behavioral Concerns:			
Academic Concerns:			
How did you hear about GSCA?			
Days and Hours of Attendance: Preschool Only			

For Office Use Only:
Date Received:
Date Entered:
Entered by: