



# Good Shepherd Episcopal School

4207 Forest Hill Avenue • Richmond, Virginia 23225

Telephone (804) 231•1452 • Fax (804) 231•1651 • www.gses.org

## APPLICATION FOR ADMISSION

Application for Admission in the year 20 \_\_\_\_\_ into the \_\_\_\_\_ Grade

### APPLICANT

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Name applicant prefers to be called \_\_\_\_\_

Home Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

### FAMILY

Name of Mother \_\_\_\_\_

Home Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_

Name of Father \_\_\_\_\_

Home Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_

Parents are:  Married  Divorced  Mother is Deceased  Father is Deceased

Correspondence should be sent to:  Mother  Father  Both

Name of Siblings \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## MEDICAL

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Does the applicant have or has he/she had any physical disability or handicap which may interfere with participation or performance? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EDUCATION

Name of Current School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Former Schools Attended (*list in order, beginning with the most recent*):

\_\_\_\_\_  
SCHOOL ADDRESS DATES ATTENDED

\_\_\_\_\_  
SCHOOL ADDRESS DATES ATTENDED

\_\_\_\_\_  
SCHOOL ADDRESS DATES ATTENDED

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## RELIGIOUS AFFILIATION

Denomination \_\_\_\_\_

Name of Church Applicant Attends \_\_\_\_\_

Are you a parishioner of The Church of the Good Shepherd?  Yes  No

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## FOR OUR INFORMATION

How did you hear about GSES?

\_\_\_\_\_

Why are you interested in having your child attend GSES?

\_\_\_\_\_

Would you like to receive information about Financial Aid?  Yes  No

Names of any friends or family who have attended GSES \_\_\_\_\_

\_\_\_\_\_

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## SIGNATURES

Please include a non-refundable application fee of \$50.00. Make check payable to GSES.

\_\_\_\_\_  
PARENT OR GUARDIAN DATE

\_\_\_\_\_  
APPLICANT DATE

Good Shepherd Episcopal School admits students without regard to sex, 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.