



Good Shepherd Episcopal School

4207 Forest Hill Avenue - Richmond, VA 23225

Telephone: (804) 231-1452 - Fax: (804) 231-9925 - www.gses.org

APPLICATION FOR ADMISSION

Application for Admission in the year 20_____ into the _____ Grade

Name _____
Last First Middle

Nickname _____ Age _____ Date of Birth ____/____/____ Gender: M F

Home Address _____

City/ State _____ Zip _____

Name of Mother or Guardian _____

Home Address _____

City/ State _____ Zip _____

Telephone (____) _____ - _____ E-mail _____

Employer _____ Occupation _____

Business Telephone (____) _____ - _____ Cellular (____) _____ - _____

Name of Father or Guardian _____

Home Address _____

City/ State _____ Zip _____

Telephone (____) _____ - _____ E-mail _____

Employer _____ Occupation _____

Business Telephone (____) _____ - _____ Cellular (____) _____ - _____

Parents are Married Divorced Separated

Correspondence should be sent to: Mother Father Both Guardian

Name of Siblings **Age** **Current school**

Name of Applicant's Current School _____ **Grade:** _____

City/ State _____ **Zip** _____ **Telephone (_____)** _____ - _____

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

How did you hear about GSES? _____

Why are you interested in having your child attend GSES? _____

Names of any friends or family who have attended GSES _____

Would you like to receive information about financial aid? Yes No

Parent or Guardian Signature

Date

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

Non-Discriminatory Statement:

Applicants for admission or employment, students, parents of students, employees, and organizations holding agreements with Good Shepherd Episcopal School are hereby notified that this school does not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities.



Parent Questionnaire

Applicant's Name _____

Please describe your child as an individual and relate your perception of him/ her to your expectations for his/ her educational experience at Good Shepherd Episcopal School.

Describe any significant events in your child's life; for example, achievements, school changes, personal setbacks.

Your child's strengths (personal and academic):

Areas you/ your child would like to see growth or improvement: (personal and academic):

Has your child undergone any individual psychological assessment, educational evaluations, or tutorial support outside of school? Yes No

Does your child currently have an IEP or 504 plan? Yes No

Is your child currently on medication or previously been on medication? Yes No

If yes to any of the above, please explain and submit all assessments and accommodations attempted.

Parent/ Guardian Signature _____ Date _____



Student Records Release Form

Good Shepherd Episcopal School
4207 Forest Hill Avenue - Richmond, VA 23225
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Name of Head of School/ Director/ Principal: _____

Name of Guidance Counselor: _____

Present School: _____ School type (Circle): Public Private

School Address: _____

Phone: _____ Fax: _____

Student's Present Grade: _____ Date of Birth: _____

_____ has applied for admission to Good Shepherd Episcopal School
(Student's Full Name)

for Grade _____, for the 20____ - 20____ academic year.

Please forward the following REQUIRED information: Grade Reports (including comments) for each year (K-8), Standardized test scores for each year (K-8), health forms (including immunization records), and attendance. If available, send the most recent psychological evaluation, educational evaluation, or Individual Education Plan.

Send records to the attention of:

Director of Admissions
Good Shepherd Episcopal School
4207 Forest Hill Avenue
Richmond, VA 23225
ecoleman@gses.org

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/ Guardian

Date (Month/Day/Year)

Printed Name



Grade One - Grade Eight Confidential Teacher Recommendation Form

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Attention Parent(s)/ Guardian(s): Please have your child's present teacher complete this confidential recommendation form, and provide the instructor with a stamped, addressed envelope to the Office of Admission at Good Shepherd Episcopal School in which to mail the form when completed.

Applicant's name: _____ **Present Grade:** _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation, and please know that all remarks will be kept in the strictest of confidence, and that we appreciate the time and effort involved in completing this form.

Name and position of Individual Submitting Recommendation: _____

Present School: _____ Phone Number: _____

Signature: _____ Date: _____

1. How long have you worked with the applicant and in what capacity?

2. What are the first words that come to mind in describing this student?

3. Please comment on the following:
 - The student's qualities of mind, particularly originality, imagination, creativity, and maturity:

 - The student's study and work habits, particularly industry, initiative, organization, completion of tasks, attention in class, ability to work independently and with a group:

- The student's academic aptitude and achievement, specifically, writing fluency, math/ science reasoning, and analytical thinking skills:

- The student's personal qualities, such as manners, leadership, sense of humor, and relationships with peers and adults:

- The student's character, particularly integrity, responsibility, respect for others, and dependability:

4. Please comment on any strengths or weaknesses not addressed above.

5. Please summarize your evaluation:

Academic achievement: Excellent _____ Good _____ Fair _____ Poor _____

Character: Excellent _____ Good _____ Fair _____ Poor _____

6. Has the Applicant been evaluated for any physical, emotional, or academic reasons?

*Yes _____ No _____ Unsure _____

7. Is the applicant currently on medication or previously been on medication?

*Yes _____ No _____ Unsure _____

* If "yes" to questions 6 or 7, please explain. Attach an additional sheet if necessary.

We sincerely appreciate your time and thank you for filling out this recommendation form. If there is any additional information you would like to share via phone call, please call (804) 231-1452 to speak to the Admissions Director.



Teacher Recommendation Form for Preschool or Kindergarten Students

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Attention Parent(s)/ Guardian(s): Please have your child's present teacher complete this confidential recommendation form, and provide the instructor with a stamped, addressed envelope to the Office of Admission at Good Shepherd Episcopal School in which to mail the form when completed.

Applicant's name: _____ **Present Grade:** _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation, and please know that all remarks will be kept in the strictest of confidence, and that we appreciate the time and effort involved in completing this form.

Name and position of individual submitting recommendation: _____

Present School: _____ Phone Number: _____

Signature: _____ Date: _____

How long have you worked with the applicant and in what capacity? _____

Please check the most appropriate response below within the following categories, and add comments where appropriate.

Personal Development

	Yes	No	Varies	Comments
Separates from parent without crying				
Is curious about his/ her environment				
Shows pride in his/ her accomplishments				
Has confidence in himself/ herself				
Has a positive attitude toward school				
Practices good health habits/ can use toilet independently				

Social Relations

	Yes	No	Varies	Comments
Is willing to share materials				
Plays cooperatively with others				
Prefers to play alone most of the time				

Is willing to take turns				
Observes school rules				
Demonstrates leadership ability				
Relates positively to adults				
Accepts adult guidance when necessary				

Oral Language

	Yes	No	Varies	Comments
Speaks in complete sentences				
Expresses ideas logically				
Contributes to discussion				

Motor Development

	Yes	No	Varies	Comments
Can jump in place				
Builds using simple construction materials				
Uses crayons and paint brushes effectively				
Uses same hand consistently				

Work habits

	Yes	No	Varies	Comments
Listens attentively in large groups				
Works independently				
Can follow individual directions				
Uses materials purposefully				
Cleans up after activities				
Usually follows school routine				
Helps with classroom tasks				
Shows persistence in problem solving				
Shows initiative				

Has the applicant been evaluated for any physical, emotional, or academic reasons? Yes No Unsure

We sincerely appreciate your time and thank you for filling out this recommendation form. If there is any additional information you would like to share via phone call, please call (804) 231-1452 to speak to the Admissions Director.