



**Special Circumstances:** (learning disabilities, parental restrictions, etc.)

**Sibling Information:**

Name

Age

School

Grade

**Emergency Contacts and Health Information**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Please detail any allergies, medical conditions, or medications:

Medication: Prescription medication as well as over the counter medications must be in its original bottle and is only dispensed from the school with a signed permission form submitted, dated, and filed for each medication each time it is needed.

Please Initial \_\_\_\_\_

➤ May the school administer **acetaminophen or ibuprofen** to your child upon a phone call for consent? You will receive a written log of dosage and time for each administration.

**Yes No Circle one and initial here: \_\_\_\_\_ (Please bring in a bottle.)**

➤ If neither parent can be reached in case of emergency, do you authorize the school to seek medical treatment for your child. **Yes No Circle one and initial here: \_\_\_\_\_**

**Persons other than parents allowed to pick-up student(s):** These people are required to show identification before being allowed to take your child from school.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Miscellaneous Information:

Do you have a home church/religious group you and your family regularly attend? Yes No

If so, name: \_\_\_\_\_ Pastor/clergy: \_\_\_\_\_

Is there any other religious information you wish to share with us? \_\_\_\_\_

How did you learn about Good Shepherd Episcopal School? \_\_\_\_\_

Permissions – initial if your child may participate in the following:

\_\_\_\_\_ **Neighborhood Walks and Field Trips:** I give permission for my child to go on walking field trips. I understand that parents will be notified of all field trips off campus and will require a separate permission slip signed by the parent.

\_\_\_\_\_ **Photograph Permission:** I give Good Shepherd Episcopal School permission for my child to be photographed and/or videotaped for purpose of family enrichment, public relations and/or classroom learning.  
\_\_\_\_\_ I do not wish to have my child in the public media.

\_\_\_\_\_ **Former School Records:** I give Good Shepherd Episcopal School permission to contact previous schools my child has attended and request information regarding my child's grades, test results and financial statement of my account.

\_\_\_\_\_ **Testing and Screening Permission:** I give permission for my child to take standardized tests at Good Shepherd Episcopal School.

## Uniforms

- Khaki colored bottoms (skorts, shorts, skirts, pants, etc.)
- Solid color red, blue, or white polo shirts with crest. (One navy blue is required.)
- Solid color red, navy blue or white sweater or jacket with crest.
- Solid color tights or socks, any color.
- Khaki jumper with logo for girls (from Lands End)
- Closed toe shoes (sneakers recommended.)

Long sleeve shirts may not be worn under short sleeve polos.

Hats are not permitted.

All shirts, sweaters, and sweatshirts worn indoors must have the school crest.

Navy blue shirts are required for chapel on Tuesdays and for field trips.

Why are you interested in Good Shepherd Episcopal School?

How would your child and your family contribute to our school community? (You might wish to discuss talents, experiences, interests, or any other attributes of interest.)

What expectations do you set for you child's education (both in the immediate future and longer range)?

Please discuss the role of reading in your home. Do you read with your child now, and will you do so if your child becomes a student at Good Shepherd?