

Student name (last, first, middle): _____

- Birth date _____ ; Sex ___m ___ f
- Circle sacraments received: Baptism First Reconciliation, Eucharist, Confirmation
- Religious Education program last attended:
Year _____ Parish _____, grade completed _____
- School attending 2010-11 _____ Entering grade _____
- **Check class date/time. (Note: home-based is for grades 1-5; church-based, grades k-5; the special needs class on Sundays at 6 pm is for all ages)**

Grade _____:

Home based ___ ; Sunday 4:15 ___; Sunday 6 pm ___; Monday 6 pm ___; special needs ____

Student name (last, first, middle): _____

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Grade _____:

Home based ___ ; Sunday 4:15 ___; Sunday 6 pm ___; Monday 6 pm ___; special needs ____

Special Concerns

Please detail below any concerns that we should be aware of regarding your child(ren) (ie: food allergies, learning issues, etc.) This information will be shared with individual teachers, who will keep it confidential. **Please note: if your child has a serious food or other allergy you must provide a plan that teachers can follow to respond promptly in case of a reaction. Teachers cannot dispense medications unless they have it on hand and it is accompanied by signed instructions on its use.**

Elementary and Secondary tuitions can be combined in one check. **Total tuition is capped at \$155.** Make checks payable to Good Shepherd Church. Mail to Box 8186, State College, PA 16805, or drop forms and payment off at the church office, 867 Gray's Woods Blvd.