

Welcome to Good Shepherd Lutheran School

We are very glad you have decided to join our family.

You will find attached a check list to make sure all your enrollment documents are handed in.

- If your student has an IEP, please submit it at the time you submit the application.
- Please do not sign the pages that need to be notarized. You need to sign in front of the notary. We do have a notary on staff, just let the front desk know so they can arrange an appointment.
- There is a \$50 application fee per family to hold your student's spot.
- An appointment for testing new students will be done after the complete application is submitted.

New School Enrollment Checklist 2025-2026

 Signed Custody/Emergency Information Form
 Media Release Form
 Completed Medical Form
 Notarized Medical Care Form
 Notarized Financial Agreement
 Signed scholarship compliance form
 FL Certification of Immunization Form 680 or 681
 State of Florida School Entry Health Exam Form 3040
 Child's Birth Certificate
 Current Parent/Guardian ID
 Court/Legal Documents if applicable
Conv of IEP (if applicable)



from the front office.

4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

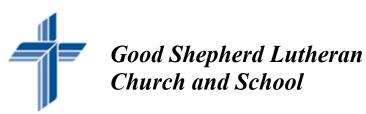
Qualifications for Admission to Good Shepherd Lutheran School:

- Parents will partner with Good Shepherd Lutheran School to provide their children with a biblical and academically excellent education that will equip students to be godly leaders.
- The student must be in good behavioral standing in their current school.
- The student must have a good attendance record at their current school.
- The student must have a desire to attend Good Shepherd Lutheran School and be willing to comply with the school's standards as printed in the Student Handbook.
- Since Good Shepherd Lutheran School is not adequately prepared to meet the needs of every student
 who applies, our admissions procedures are designed to help both the school and the parents make
 the best possible decision for the education of their child.
- Students with an IEP, 504, or other accommodation plans must meet the admission requirements and understand admission may not be offered if it is determined that Good Shepherd Lutheran School is unable to meet the academic, emotional, medical, or behavioral needs of the student.
- All student applications and assessment records will remain confidential and property of Good Shepherd Lutheran and will not be released to applicants. All admission decisions are final.
- Due to the competitive nature of the admissions process, prospective families are encouraged to visit our school in advance of filling out the application and to apply early.
- Upon completion of the application and paying the required fees, your application will be processed, and the Curriculum Specialist will reach out to you to set up academic testing.

Parent Name: (please print)	Date:	
Parent Signature:		
Before care is available from 7:00 to 8:00 am. B	reakfast is available until 8:00 am. <mark>If y</mark>	our student comes to
school after 8:15 am, the parent or guardian mus	t sign them in at the front office.	
Aftercare is available from 3:30 to 5:30 pm. The the weekly rate is charged.	charge is \$80 per week per child or \$	16 per day. After 3 days
All students staying in aftercare mi	ust be signed out by a paren	<mark>t or guardian</mark>

School closes at <u>5:30 pm</u>, which means all children must be picked before 5:30 or there is a late charge of \$1.00 per minute payable when you pick up your child.

New Student Enrollment Application for 2025-2026



DCF#C20LE0043

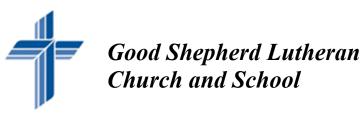
DOB: Class	applying for:	School Year:	Male:	Female:
Street Address:				
City:	Zip Code:	Ph	one #:()
Race: Black Asian	White Native	e American or Alaska Native	e Hawa	iian or Pacific Islande
Ethnicity: Hispanic No	ot Hispanic			
Previous School Attended				
Address of School:				
Medical/Allergies:				
If yes, please describe:				
Does your child have any physic	cal emotional or lea	rning disabilities: (If ves) nl	ease explain:	
Does your child have any physi How did you hear about our sc			· 	
			· 	
How did you hear about our sc	hool:	Parent or Guardian	· 	
How did you hear about our sc Parent or Guardian	hool:	Parent or Guardian Name:	Rela	
How did you hear about our sc Parent or Guardian Name:	hool:	Parent or Guardian Name: Address:	ı Rela	tionship:
How did you hear about our sc Parent or Guardian Name:	hool: Relationship: Zip Code:	Parent or Guardian Name: Address:	Rela State:	tionship:
How did you hear about our sc Parent or Guardian Name: Address: City: State:	hool: Relationship: Zip Code:	Parent or Guardian Name: Address: City: Phone #:()	Rela	tionship:
How did you hear about our sc Parent or Guardian Name: Address: City: State: Phone #:()	hool: Relationship: Zip Code:	Parent or Guardian Name: Address: City: Phone #:() Email:	Rela	tionship: Zip Code:



DCF#C20LE0043

Student Name:		Grade:
Name:	Relationship:	Phone:
	Emergency Contacts	
The student will be released	only to the custodial parent or legal s	guardian and the persons listed below. If
*	parent or legal guardian cannot be reac o remove the child from the facility in o	ched, the following people will also be case of illness, accident, or emergency.
Name:	Relationship:	Phone:
	Siblings	
Please list any other siblings li	iving in or out of the home:	
Name:	brother or sister Age:	School attending:
Name:	brother or sister Age:	School attending:
Name:	brother or sister Age:	School attending:
Name:	brother or sister Age:	School attending:

Student Records Request



DCF#C20LE0043

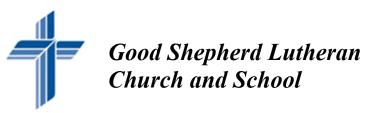
Date:	Attention:		School:
Student:		DOB	
Grade when withdrawn:	Sen	d to the attenti	<mark>ion of:</mark> Shelly Homan
	SHo	oman@goodsh	epofnfm.com or Fax 239-471-0526
This document is an official a	authorization given b	y the parent or leg	gal guardian of the student whose name
appears above for release of	the school records lis	sted below. The un	ndersigned authorize you to send Good
Shepherd Lutheran School th	e following document	nts.	
Official Transcripts			
 Most recent report car 	rd		
 Standardized test scor 	es		
• Records of physical p	roblems		
Health and Immuniza	tion Forms		
• Discipline Records			
• IEP – if applicable			
• 504 – if applicable			
Signature of Parent or	Legal Guardian		Date
Parent or Legal Guardian	Name (please print)		
Office Use:			
Date Sent:		Date Received: _	



Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran Church and School website and/or Facebook page.

Student's Name:	(please print)
Parent/Guardian Signature:	Date:
the facility or on the grounds. I under or written quotations of my child. I un	d's participation in any media events that take place at stand that this may include video footage, photographs, aderstand that the facility will post these events for or to their occurrence whenever possible.
Parent/Guardian Signature:	Date:

STUDENT MEDICAL INFORMATION



DODI	1000	1 1	α	10
DCF#	t (' ') [[II H	,,,,,	1 ₹
$\nu_{\rm UI}$	-C40		vv.	7.

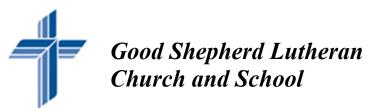
Child's Name:	Age: Gr	ade:
Social Security Number:	Date of Birth:	
Medical Conditions or Medications taken:		
Parent/Guardian Name:	Relationship:	
Cell / Home Phone:	Work Phone:	
Street Address:	City:	Zip: _
Parent/Guardian Name:	Relationship:	
Cell / Home Phone:	Work Phone:	
Street Address:	City:	Zip: _
Name of Child's Physician:	Phone:	
Name of Child's Dentist:	Phone:	
Medical Hospital Preference:		
Health Insurance Company:		
Policyholder:		



STUDENT MEDICAL RELEASE

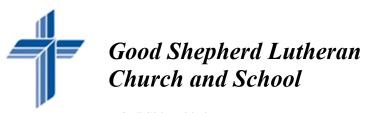
Should my child	annot be reached Good Shical treatment and service for any cost incurred due all actions, claims, and de ut of any accident, casualt theran Church and Schoo	tepherd Lutheran Ses for my child as not sickness or injurtemands which claim by and/or event while. I am the parent/le	chool Staff shall be nay be deemed necessary. The standard process of the stan
MUST BE SIGNED II	N THE PRESENCE OF A FL	ORIDA NOTARY PL	JBLIC
Signature of Parent of Guardian	Print name		Date
STATE OF FLORIDA CO	UNTY OF:		
The foregoing instrument was acknowled	lged before me this	day of	, 20
Personally know or produced iden	tification		
Type of Identification			
Notary Name:	Commission E	Expires	

Good Shepherd School Tuition Financial Agreement 2025-2026 (New Student)



DCF#C20LE0043

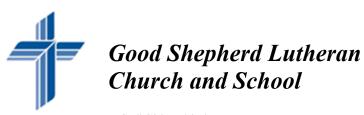
Name of Student:	Age of Student: Grade:				
Parent/Guardian:	(Please Print)				
The following fees are payable upon acceptance of enrollment to hold your child's spot:					
□ \$50 new enrollment fee					
You may make payments on this fee if needed.					
If you are on one of the scholarship programs, you must	give your scholarship award ID during enrollment				
☐ Elementary (K-4th) \$9,200 or \$920 per month	☐ Middle School (5th-7th) \$9,100 or \$910 per month				
	the undersigned parent/legal guardian of the above- contract. Failure to make said payment can and will result in				
By signing below, I acknowledge that I have read and unfulfill the total financial obligation.	nderstand the terms and conditions of the agreement and agree to				
MUST BE SIGNED IN THE PRESEN	NCE OF A FLORIDA NOTARY PUBLIC				
Signature of parent/guardian	Date Social Security Number				
Printed Name of Parent/Legal Guardian					
STATE OF FLORIDA COUNTY OF:					
The foregoing instrument was acknowledged before me	this day of, 20				
Personally know or produced identification	_				
Type of Identification					
Notary Name: Con	mmission Expires				



DCF#C20LE0043

Grade School	Aftercare Financial Agr	eement 2025-2	026	
Name of Student:		Age of Student:	Grade:	
Parent/Guardian:		(Please Print)		
The following fees are payable	weekly.			
The weekly fee is \$80 per child weekly rate is charged.	per week or daily rate o	f \$16.00. After	3 days the	
Aftercare is available from 3:30 to 5:3 pick up prior to 5:30. If you are late, your child.				
Having read the above policy, Iabove-named student do hereby agree to t result in legal action and all fees incurred	he above charges and contract. F	ailure to make said		
By signing below, I acknowledge that I has agree to fulfill the total financial obligation		s and conditions of	the agreement and	
	THE PRESENCE OF A FLOR	RIDA NOTARY PU	JBLIC	
G	T		• • •	
Signature of parent/guardian	Date	Social Secu	rity Number	
			rity Number	
			rity Number	
Signature of parent/guardian Printed Name of Parent/Legal Guardian _ STATE OF FLORIDA COUNT The foregoing instrument was acknowledge	Y OF:		·	
Printed Name of Parent/Legal Guardian _ STATE OF FLORIDA COUNTY The foregoing instrument was acknowled	Y OF: da		·	
Printed Name of Parent/Legal Guardian _ STATE OF FLORIDA COUNT	Y OF: dagged before me this dagged before me this dagged.		·	

Scholarship Guidelines Commitment Form 2025-2026



Student:	Grade:	Scholarship ID #:	
We would like to thank you for choosing to use your Scholarship at <i>Good Shepherd Lutheran School</i> . In order to ensure the effectiveness of this scholarship for your family, as well as our school, please confirm that you understand the conditions you must uphold by <i>initialing</i> on the lines below.			
I will attach a copy of my child's award ID # to this document and sign the Scholarship Guidelines Commitment Form. This will allow the school office to enroll my student(s) correctly. I will approve the enrollment of my student(s) at Good Shepherd Lutheran School within 5 days of Enrolling. The scholarship is not finalized until this process is completed and your student(s) has been attached to our school.			
If my student does not complete the entire sc of the unpaid fees before records will be released.	hool year, I understa	and that it is my responsibility to pay the remain	der
In the event that my scholarship has not been my responsibility, as well as any payments due before		uly 1, I understand the first tuition payment will b	е
All students must maintain compliance with the are sent as a requirement of the scholarship agency.	he school's attendar	nce policy. Mandatory quarterly attendance repo	rts
All students enrolled are required to take stan All students must be present for these tests. The scho		use the MAPS testing, which is given 3 times a yer results to the Florida Department of Education.	ear.
art fee (K-8), school uniforms, lost/damaged books or supplies, and any late fees accrued on the account. Re	supplies, field trips, eading Books are sch	, -	
regularly reading emails they send out. Please be sure			
Parent Name: (please print)		Date:	
Parent Signature:			
Witness		Date:	