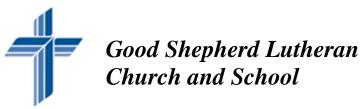


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	<b>Current Grade School Enrollment Ched</b>	cklist 2024-2025
	Application	
	FL Certification of Immunization Form 680 or 681	
	State of Florida School Entry Health Exam Form 30	040
	Child's Birth Certificate	
	Current Parent/Guardian ID	
	Court/Legal Documents if applicable	
	Notarized Medical Care Form	
	Notarized Financial Agreement	
	Completed Medical Form	
	Signed Publicity Information Form	
	Signed Custody/Emergency Information Form	
	Copy of IEP (if applicable)	
	Sign scholarship compliance form	
Office Use:	Application taken by:	_ Date Received:



DCF#C20LE0043

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

#### Fees for Elementary, Middle and High School Students 2024 - 2025 School Year

Elementary School (K-5)	Middle School (6-8)	High School (9-12)
Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.	Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.	Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.
<ul> <li>\$50 new student fee or</li> <li>\$25 re-enrollment application fee</li> <li>\$80 testing fee</li> <li>\$15 elective fee</li> <li>\$225 security fee</li> </ul>	<ul> <li>\$50 new student fee or</li> <li>\$25 re-enrollment application fee</li> <li>\$80 testing fee</li> <li>\$15 elective fee</li> <li>\$225 security fee</li> </ul>	<ul> <li>\$50 new student fee or</li> <li>\$25 re-enrollment application fee</li> <li>\$80 testing fee</li> <li>\$15 elective fee</li> <li>\$225 security fee</li> </ul>
<b>Tuition: \$8,000</b>	<b>Tuition: \$8,100</b>	<b>Tuition: \$8,200</b>
Other Fees:  • Uniform \$300  • Yearbook \$30	Other Fees:	Other Fees:

Before care is available from 7:00 to 8:00 am. Breakfast is available until 8:00 am. If your student comes to school after 8:15 am, the parent or guardian must sign them in at the front office.

Aftercare is available from 3:30 to 5:30 pm. The charge is \$80 per week per child or \$16 per day. After 3 days the weekly rate is charged.

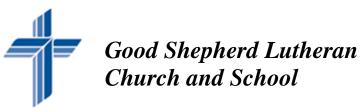
All students staying in aftercare must be signed out by a parent or guardian from the front office.

School closes at **5:30 pm**, 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.



## Current K-12 Student Enrollment Application for 2024-2025

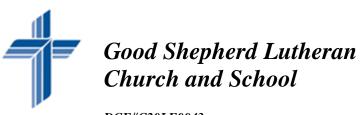
Student Information:		
Full Name (last, first, middle)_		Male Female
DOB:	Grade applying for:	School Year:
Street Address:		
City:	Zip Code:	Phone #:()
Race: Black Asian	White Native American or Alaska N	ative Hawaiian or Pacific Islander
Ethnicity: Hispanic Not Medical/Allergies:	Hispanic	
Parent or Guardian Name:		Relationship
Address:		
City:	Zip Code:	Phone #:()
Parent email address:		
Parent or Guardian Name:		Relationship
Address:		
City:	Zip Code:	Phone #:()
Parent email address:		
Application Fee: \$25.00 payab	le when applying	
Signature:	Date:	
Office Use: Student Accepted: Student ID#	Yes`No Applica	ation Fee Paid:Yes No



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### **Custody and Emergency Information**

Student Name:		Grade:	
	<b>Custody Information</b>	ı	
Name:	Relationship:	Phone:	
	<b>Emergency Contacts</b>		
Name:  Name:  Name:	Relationship:	ase of illness, accident, or emergency.  Phone: Phone: Phone:	
Name:	Relationship:	Phone:	
	Siblings		
Please list any other siblings l	iving in or out of the home:		
Name:	brother or sister Age:	brother or sister Age: School attending:	
Name:	brother or sister Age:	brother or sister Age: School attending:	
Name:	brother or sister Age:	brother or sister Age: School attending:	



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# Publicity Information Release School Year 2024-2025

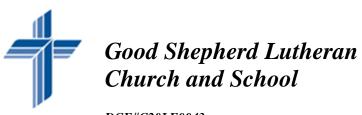
Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran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

Student's Name:	_ (please print)
Parent/Guardian Signature:	Date:
Publicity Release I authorize my child's participal facility or on the grounds. I understand that this in quotations of my child. I understand that the faciliand will do so prior to their occurrence whenever	nay include video footage, photographs, or written ity will post these events for parent's knowledge
Parent/Guardian Signature:	Date:



STUDENT MEDICAL INFORMATION

Age:	Grade:
Date of Birth:	
Relationship:	
Work Phone:	
City:	Zip:
Relationship:	
Work Phone:	
City:	Zip:
Phone:	
Phone:	
Policy#:	
-	
	Date of Birth:  Relationship:  Work Phone: City:  Relationship:  Work Phone: City: Phone: Phone:



DCF#C20LE0043

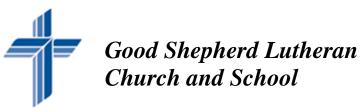
### STUDENT MEDICAL RELEASE

Should my childhe/she is in the care of Good Shepherd Lu contact me immediately. In the event I ca authorized to secure consent to such med I acknowledge that I will be responsible f hereby waive any claim and forever and a hereafter have on account of or arising our or off the premises of Good Shepherd Lu above-named child, and I am over eighter claims.	utheran School, I understand that the staff annot be reached Good Shepherd Lutheral ical treatment and services for my child a for any cost incurred due to sickness or in all actions, claims, and demands which can tof any accident, casualty and/or event theran Church and School. I am the pare	If shall undertake measures to an School Staff shall be as may be deemed necessary. In a njury to my son/daughter. I laimant now has or may which might occur while on ant/legal guardian of the
MUST BE SIGNED II	N THE PRESENCE OF A FLORIDA NOTARY	Y PUBLIC
Signature of Parent of Guardian	Print name	Date
STATE OF FLORIDA COUNTY	OF:	
The foregoing instrument was acknowledged		, 20
Personally know or produced identification		
Type of IdentificationNotary Name:		_



Maine of Student:		Age	of Student:	_ Grade:
Parent/Guardian:				
The following fees are paya	able upon acceptanc	e of enrollment t	o hold your c	hild's spot:
☐ \$25 reenrollment fee ☐ \$5  Total due upon application: \$		☐ \$80 testing fee  Total due upon acce		•
If you are on one of the scholarship	programs, <u><b>you must give y</b></u>	our scholarship awa	rd ID during enr	<u>ollment</u>
If you are not on scholarship your m	onthly charge will be \$			
☐ Elementary Tuition \$8,000 or \$8	300 per month ☐ Mi	ddle School Tuition \$8	3,100 or \$810 per	month
Having read the above policy, I student do hereby agree to the above all fees incurred with collection of By signing below, I acknowledge to fulfill the total financial obligation.	ve charges and contract. Fat payment due will also be detailed in that I have read and understand.	ilure to make said pay lue.	ment can and will	result in legal action and
MUST BE S	IGNED IN THE TREBET			LIC
MUST BE SI		<b>D</b> ate	Social Securit	
		Date	Social Securit	

Grade School Tuition Financial Agreement 2024-2025



DCF#C20LE0043

Name of Student:	Age of Student: Grade:
Parent/Guardian:	(Please Print)
e following fees are payable wee	e <mark>kly.</mark>
The weekly fee is \$80 per chile charged.	d per week or \$16 per day. After 3 days the weekly rate is
ftercare is available from 3:30 to 5:30 p	om. The school closes at 5:30 therefore your child needs to be pick up
rior to 5:30. <mark>If you are late, you will be</mark>	charged \$1.00 per minute payable when you pick up your child.
	the undersigned parent/legal guardian of the above-named and contract. Failure to make said payment can and will result in legal action and lue will also be due.
alfill the total financial obligation.	read and understand the terms and conditions of the agreement and agree to  N THE PRESENCE OF A FLORIDA NOTARY PUBLIC
alfill the total financial obligation.	read and understand the terms and conditions of the agreement and agree to
alfill the total financial obligation.  MUST BE SIGNED IN	read and understand the terms and conditions of the agreement and agree to  N THE PRESENCE OF A FLORIDA NOTARY PUBLIC  Date  Social Security Number
Ifill the total financial obligation.  MUST BE SIGNED IN  ignature of parent/guardian	THE PRESENCE OF A FLORIDA NOTARY PUBLIC  Date  Social Security Number
MUST BE SIGNED IN  ignature of parent/guardian  rinted Name of Parent/Legal Guardian  TATE OF FLORIDA  COUNT	THE PRESENCE OF A FLORIDA NOTARY PUBLIC  Date  Social Security Number
MUST BE SIGNED IN  ignature of parent/guardian  rinted Name of Parent/Legal Guardian  TATE OF FLORIDA  COUNT	read and understand the terms and conditions of the agreement and agree to  N THE PRESENCE OF A FLORIDA NOTARY PUBLIC  Date  Social Security Number  TY OF:  before me this day of, 20
ignature of parent/guardian rinted Name of Parent/Legal Guardian  TATE OF FLORIDA  COUNT the foregoing instrument was acknowledged	TY OF: day of, 20  ation



Scholarship Guidelines Commitment Form 2024-2025

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 so of the unpaid fees before records will be released.	hool year, I understa	and that it is my responsibility to pay the remainder		
In the event that my scholarship has not been approved before July 1, I understand the first tuition payment will be my responsibility, as well as any payments due before my final approval.				
All students must maintain compliance with the school's attendance policy. Mandatory quarterly attendance reports are sent as a requirement of the scholarship agency.				
All students enrolled are required to take standardized tests. We use the MAPS testing, which is given 3 times a year. All students must be present for these tests. The school must submit the results to the Florida Department of Education.				
I understand the following items will be my financial responsibility (not an exhaustive list): before/after care, (if used), art fee (K-8), school uniforms, lost/damaged books or supplies, field trips, Jeans for Jesus days, graduation fees, school supplies, and any late fees accrued on the account. Reading Books are school property and not included in the curriculum.				
Families need to be aware that the scholarship organizations make changes and parents need to stay informed by regularly reading emails they send out. Please be sure to keep your contact information updated.				
Parent Name: (please print)		Date:		
Parent Signature:				
Witness:		Date:		