



***Good Shepherd Lutheran
Church and School***

DCF#C20LE0043

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

Grade School Enrollment Checklist

- _____ Application
- _____ Notarized Financial Agreement
- _____ 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
- _____ Notarized Medical Care Form
- _____ Copy of IEP if applicable
- _____ Scholarship award letter if applicable
- _____ Sign scholarship compliance form 1 per family if applicable
- _____ Signed Parent Acknowledgement Form



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**Fees for Elementary, Middle and High School Students
2023 - 2024 School Year**

Elementary School (K-5)	Middle School (6-8)	High School (9-12)
<p>- Faith based curriculum - Weekly chapel - School hours 8:15am - 3:15pm - Breakfast and Lunch included</p> <p>Fees: per child and non-refundable. Payable by July 1 to hold student spot.</p> <ul style="list-style-type: none"> • \$50 new student application fee • or • \$25 re-enrollment application fee • \$75 testing fee • \$15 art fee • \$200 security fee <p>Tuition: \$7,700</p>	<p>- Faith based curriculum - Weekly chapel - School hours 8:15am - 3:15pm - Breakfast and Lunch included</p> <p>Fees: per child and non-refundable. Payable by July 1 to hold student spot.</p> <ul style="list-style-type: none"> • \$50 new student application fee • or • \$25 re-enrollment application fee • \$75 testing fee • \$15 art fee • \$200 security fee <p>Tuition: \$7,800</p>	<p>- Faith based curriculum - Weekly chapel - School hours 8:15am - 3:15pm - Breakfast and Lunch included</p> <p>Fees: per child and non-refundable. Payable by July 1 to hold student spot.</p> <ul style="list-style-type: none"> • \$50 new student application fee • or • \$25 re-enrollment application fee • \$75 testing fee • \$200 security fee • \$215 ABeka Fee <p>Tuition: \$8,000</p>

Before care and Aftercare are available from 7:00 to 8:00 am and from 3:30 to 5:30 pm the charge is \$60 per week per child **payable in advance**.

If you have not paid for your student in advance, they cannot stay in aftercare and must be picked up by 3:30 pm

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.



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Current Student Enrollment Application for 2023-2024

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 ___ Indian ___ Other Ethnicity: ___ Hispanic ___ Not Hispanic

Medical/Allergies: _____

Parent or Guardian Name: _____ Relationship _____

Address: _____

City: _____ Zip Code: _____ Phone #:(_____) _____

Parent email address: _____

Application Fee: \$25.00 payable when applying

Signature: _____ Date: _____

Office Use:

Student Accepted: _____ Yes _____ No Application Fee Paid: _____ Yes _____ No

Mrs. Ann Marie Collard
Principal
amcollard@goodshepofnfm.com

Ms. Penny Holt
Preschool Director
pholt@goodshepofnfm.com

Mrs. Jody Callahan
Dean of Students
jcallahan@goodshepofnfm.com



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Publicity Information Release

School Year 2023-2024

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 participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Signature: _____ Date: _____



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STUDENT MEDICAL INFORMATION

Child's Name: _____ Age: _____ Grade: _____

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: _____ Policy#: _____

Policyholder: _____



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STUDENT MEDICAL RELEASE

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of Good Shepherd Lutheran School, I understand that the staff shall undertake measures to contact me immediately. In the event I cannot be reached Good Shepherd Lutheran School Staff shall be authorized to secure consent to such medical treatment and services for my child as may be deemed necessary. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son/daughter. I hereby waive any claim and forever and all actions, claims, and demands which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might occur while on or off the premises of Good Shepherd Lutheran Church and School. I am the parent/legal guardian of the above-named child, and I am over eighteen (18) years of age and legally competent to execute this waiver of claims.

Signature of Parent of Guardian

Print name

Date

MUST BE SIGNED IN THE PRESENCE OF A FLORIDA NOTARY PUBLIC

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: _____ Commission Expires _____

Mrs. Ann Marie Collard
Principal
amcollard@goodshepofnfm.com

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Grade School Tuition Financial Agreement 2023-2024

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:

- \$25 reenrollment fee \$50 new enrollment fee \$75 testing fee \$15 art fee \$200 security fee
- \$215 ABeka High School Application Fee (HS only) **Total due upon acceptance: \$_____**

If you are on one of the scholarship programs, **you must give your scholarship award letter during enrollment**

If you are not on scholarship your monthly charge will be \$_____ after discounts

- Elementary Tuition \$7,700 or \$770 per month Middle School Tuition \$7,800 or \$780 per month
- High School Tuition \$8,000 or \$800 per month

Having read the above policy, I _____ the undersigned parent/legal guardian of the above-named student do hereby agree to the above charges and contract. Failure to make said payment can and will result in legal action and all fees incurred with collection of payment due will also be due.

By signing below, I acknowledge that I have read and understand the terms and conditions of the agreement and agree to fulfill the total financial obligation.

MUST BE SIGNED IN THE PRESENCE 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: _____ Commission Expires _____

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Custody and Emergency Information

Student Name: _____ Grade: _____

Custody Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contacts

The student will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Siblings

Please list any other siblings living 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: _____

Name: _____ brother or sister Age: ____ School attending: _____

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Scholarship Guidelines Commitment Form 2022-2023

Student : _____ Grade: _____ Scholarship: _____

We would like to thank you for choosing to use your Scholarship at **Good Shepherd Lutheran School**. 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 **initialing** on the lines below.

_____ I will bring in my award letter as soon as I receive it and sign the Scholarship Guidelines Commitment Form in order to allow the school office to set up my student(s) account correctly. 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 school year, I understand that it is my responsibility to pay the remainder of the unpaid curriculum fee, as well as any other unpaid fees, before records will be released.

_____ 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 scholarship agency.

_____ To avoid a late fee of \$25.00 on my account, I understand that when payments are posted, I have 5 school days to electronically approve funds through my scholarship account. This occurs 4 times a year.

_____ I understand the following items will be my financial responsibility (not an exhaustive list): before/after care, (if used), art fee, 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 fee.

_____ 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: _____

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