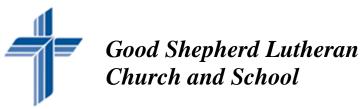


DCF#C20LE0043

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

	Current Grade School Enrollment Che	ecklist 2024-2025
	Application	
	FL Certification of Immunization Form 680 or 68	1
	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	
	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

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

Elementary School (K-5)	Middle School (6-8)	High School (9-12)
Faith based curriculumWeekly chapelSchool hours 8:15am - 3:15pmBreakfast and Lunch included	Faith based curriculumWeekly chapelSchool hours 8:15am - 3:15pmBreakfast and Lunch included	Faith based curriculumWeekly chapelSchool hours 8:15am - 3:15pmBreakfast and Lunch included
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.
 \$50 new student application fee or \$25 re-enrollment application fee \$80 testing fee \$15 art fee \$225 security fee 	 \$50 new student application fee or \$25 re-enrollment application fee \$80 testing fee \$15 art fee \$225 security fee 	 \$50 new student application fee or \$25 re-enrollment application fee \$80 testing fee \$225 security fee
Tuition: \$8,000	Tuition: \$8,100	Tuition: \$8,200

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 <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.



Student Information:

4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
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Robert Davis, Pastor
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Current K-12 Student Enrollment Application for 2024-2025

Full Name (last, first, middle)	Male Female
DOB: Grade applying for:	School Year:
Street Address:	
City: Zip Code:	Phone #:()
Race: BlackAsian WhiteIndian	Other Ethnicity:Hispanic Not Hispanic
Medical/Allergies:	
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 payable when applying	
Signature: Dat	e:
Office Use:	
Student Accepted:Yes`No Application	Fee Paid:Yes No Student ID#

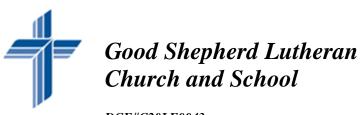


DCF#C20LE0043

	Custody and Emergency Inf	formation
Student Name:		Grade:
	Custody Information	
Name:	Relationship:	Phone:
	Emergency Contacts	
for some reason, the custodia	I parent or legal guardian cannot be reach to remove the child from the facility in ca	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
	Siblings	
Please list any other siblings liv	ving 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: _____

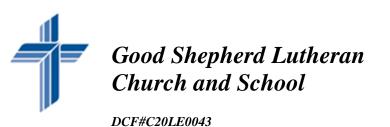


DCF#C20LE0043

Publicity Information Release School Year 2024-2025

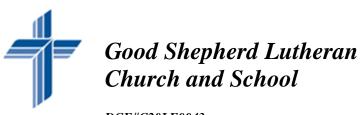
Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran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

Student's Name:	(please print)
Parent/Guardian Signature:	Date:
facility or on the grounds. I understand that this	pation in any media events that take place at the may include video footage, photographs, or written cility will post these events for parent's knowledge er possible.
Parent/Guardian Signature:	Date:



STUDENT MEDICAL INFORMATION

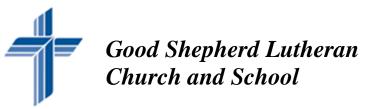
Child's Name:	Age: C	Grade:	
Social Security Number:	Date of Birth:		
Medical Conditions or Medications taken:			
Parent/Guardian Name:	Relationship:		
Cell / Home Phone:	Work Phone:		
Street Address:	City:	Zip:	
Parent/Guardian Name:	Relationship:		
Cell / Home Phone:	Work Phone:		
Street Address:	City: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



DCF#C20LE0043

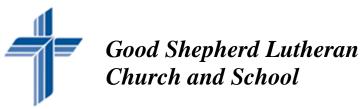
STUDENT MEDICAL RELEASE

he/she is in the care of Good Shepherd contact me immediately. In the event I authorized to secure consent to such m I acknowledge that I will be responsib hereby waive any claim and forever ar hereafter have on account of or arising or off the premises of Good Shepherd	become ill or suffer an accid Lutheran School, I understand that the star cannot be reached Good Shepherd Lutheran edical treatment and services for my child le for any cost incurred due to sickness or individual actions, claims, and demands which can out of any accident, casualty and/or event Lutheran Church and School. I am the pare the hteen (18) years of age and legally competer	ff shall undertake measures to an School Staff shall be as may be deemed necessary. njury to my son/daughter. I claimant now has or may which might occur while on ent/legal guardian of the
MUST BE SIGNE	D IN THE PRESENCE OF A FLORIDA NOTAR	Y PUBLIC
Signature of Parent of Guardian	Print name	Date
	TV OE.	
STATE OF FLORIDA COUNT The foregoing instrument was seknowledge	ed before me this day of	20
Personally know or produced identity		
Type of Identification		
• •	Commission Expires	_



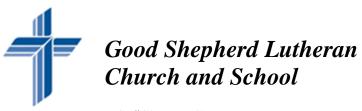
DCF#C20LE0043

Name of Student:	Age of Student: Grade:
Parent/Guardian:	(Please Print)
The following fees are payable upon a	acceptance of enrollment to hold your child's spot:
□ \$25 reenrollment fee □ \$50 new enrollm	ment fee \square \$80 testing fee \square \$15 art fee \square \$225 security fee
Total due upon application: \$	Total due upon acceptance: \$
f you are on one of the scholarship programs, you	ı must give your scholarship award ID during enrollment
f you are not on scholarship your monthly charge	will be \$
☐ Elementary Tuition \$8,000 or \$800 per month	☐ Middle School Tuition \$8,100 or \$810 per month
☐ High School Tuition \$8,200 or \$820 per month	h
Having read the above policy, I	the undersigned parent/legal guardian of the above-name
Having read the above policy, I	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due By signing below, I acknowledge that I have read	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due. By signing below, I acknowledge that I have read fulfill the total financial obligation.	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an will also be due.
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due. By signing below, I acknowledge that I have read fulfill the total financial obligation.	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an will also be due. d and understand the terms and conditions of the agreement and agree to
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due. By signing below, I acknowledge that I have read fulfill the total financial obligation.	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an will also be due. d and understand the terms and conditions of the agreement and agree to
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due. By signing below, I acknowledge that I have read fulfill the total financial obligation. MUST BE SIGNED IN TO	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an will also be due. d and understand the terms and conditions of the agreement and agree to HE PRESENCE OF A FLORIDA NOTARY PUBLIC Date Social Security Number
Having read the above policy, Istudent do hereby agree to the above charges and all fees incurred with collection of payment due. By signing below, I acknowledge that I have read fulfill the total financial obligation. MUST BE SIGNED IN TO	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action an will also be due. d and understand the terms and conditions of the agreement and agree to HE PRESENCE OF A FLORIDA NOTARY PUBLIC Date Social Security Number
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Having read the above policy, I	the undersigned parent/legal guardian of the above-named contract. Failure to make said payment can and will result in legal action are will also be due. d and understand the terms and conditions of the agreement and agree to HE PRESENCE OF A FLORIDA NOTARY PUBLIC Date Social Security Number OF: fore me this day of, 20
Having read the above policy, I	the undersigned parent/legal guardian of the above-name d contract. Failure to make said payment can and will result in legal action ar will also be due. d and understand the terms and conditions of the agreement and agree to HE PRESENCE OF A FLORIDA NOTARY PUBLIC Date Social Security Number OF: fore me this day of, 20



DCF#C20LE0043

Parent/Guardian:	Name of Student:	Age of S	student:	_ Grade:
The weekly fee is \$80 per child per week or \$16 per day. After 3 days the weekly rate is charged. Aftercare is available from 3:30 to 5:30 pm. The school closes at 5:30 therefore your child needs to be pick up prior to 5:30. If you are late, you will be charged \$1.00 per minute payable when you pick up your child. Having read the above policy, I the undersigned parent/legal guardian of the above-name student do hereby agree to the above charges and contract. Failure to make said payment can and will result in legal action a 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/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	Parent/Guardian:	(Ple	ase Print)	
charged. Aftercare is available from 3:30 to 5:30 pm. The school closes at 5:30 therefore your child needs to be pick up prior to 5:30. If you are late, you will be charged \$1.00 per minute payable when you pick up your child. Having read the above policy, I	he following fees are payable weekly.			
Prior to 5:30. If you are late, you will be charged \$1.00 per minute payable when you pick up your child. Having read the above policy, I the undersigned parent/legal guardian of the above-name student do hereby agree to the above charges and contract. Failure to make said payment can and will result in legal action a 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		k or \$16 per day. Aft	er 3 days t	he weekly rate is
student do hereby agree to the above charges and contract. Failure to make said payment can and will result in legal action a 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				
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	student do hereby agree to the above charges and contract.	. Failure to make said payme		
Signature of parent/guardian 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				
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	fulfill the total financial obligation.		_	
STATE OF FLORIDA COUNTY OF: The foregoing instrument was acknowledged before me this day of, 20 Personally know or produced identification Type of Identification	fulfill the total financial obligation.		_	
The foregoing instrument was acknowledged before me this day of, 20 Personally know or produced identification Type of Identification	fulfill the total financial obligation. MUST BE SIGNED IN THE PRES	SENCE OF A FLORIDA N	OTARY PUB	ELIC
Personally know or produced identification Type of Identification	fulfill the total financial obligation. MUST BE SIGNED IN THE PRESENTATION Signature of parent/guardian	BENCE OF A FLORIDA N Date	OTARY PUB	ELIC
Type of Identification	Fulfill the total financial obligation. MUST BE SIGNED IN THE PRES Signature of parent/guardian Printed Name of Parent/Legal Guardian	Date	OTARY PUB	ELIC
	MUST BE SIGNED IN THE PRESSIGNATURE OF Parent/Legal Guardian STATE OF FLORIDA COUNTY OF:	Date	OTARY PUB	ELIC cy Number
Notary Name: Commission Expires	Fulfill the total financial obligation. MUST BE SIGNED IN THE PRES Signature of parent/guardian Printed Name of Parent/Legal Guardian STATE OF FLORIDA COUNTY OF: The foregoing instrument was acknowledged before me the	Date is day of	OTARY PUB	ELIC cy Number
	MUST BE SIGNED IN THE PRESSIGNATURE OF Parent/Legal Guardian STATE OF FLORIDA COUNTY OF: The foregoing instrument was acknowledged before me the Personally know or produced identification	Date is day of	OTARY PUB	ELIC cy Number



DCF#C20LE0043

Scholarship Guidelines Commitment Form 2024-2025

Student:	Grade:	Scholarship ID #:
We would like to thank you for choosing to use your Scholar effectiveness of this scholarship for your family, as well as or must uphold by <i>initialing</i> on the lines below.		
I will attach a copy of my child's award ID # to this do. This will allow the school office to enroll my student(s) corres Shepherd Lutheran School within 5 days of Enrolling. The school student(s) has been attached to our school.	ectly. I will approve the	enrollment of my student(s) at Good
If my student does not complete the entire school ye of the unpaid fees before records will be released.	ear, I understand that it	t is my responsibility to pay the remainder
In the event that my scholarship has not been appromy responsibility, as well as any payments due before my fir	•	derstand the first tuition payment will be
All students must maintain compliance with the schoare sent as a requirement of the scholarship agency.	ool's attendance policy.	. Mandatory quarterly attendance reports
All students enrolled are required to take standardiz All students must be present for these tests. The school must		
I understand the following items will be my financial art fee (K-8), school uniforms, lost/damaged books or suppli supplies, and any late fees accrued on the account. Reading	es, field trips, Jeans for	Jesus days, graduation fees, school
Families need to be aware that the scholarship organ regularly reading emails they send out. Please be sure to kee		
Parent Name: (please print)		Date:
Parent Signature:		_
Witness:		_ Date: