



# ***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

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## **Current Grade School Enrollment Checklist 2024-2025**

- \_\_\_\_\_ Application
- \_\_\_\_\_ 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
- \_\_\_\_\_ Notarized Financial Agreement
- \_\_\_\_\_ Completed Medical Form
- \_\_\_\_\_ Signed Publicity Information Form
- \_\_\_\_\_ Signed Custody/Emergency Information Form
- \_\_\_\_\_ Copy of IEP (if applicable)
- \_\_\_\_\_ Sign scholarship compliance form

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Office Use: Application taken by: \_\_\_\_\_ Date Received: \_\_\_\_\_



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

Elementary School (K-5)	Middle School (6-8)	High School (9-12)
<ul style="list-style-type: none"><li>- Faith based curriculum</li><li>- Weekly chapel</li><li>- School hours 8:15am - 3:15pm</li><li>- Breakfast and Lunch included</li></ul> <p><b>Fees:</b> Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.</p> <ul style="list-style-type: none"><li>• \$50 new student application fee</li><li>or</li><li>• \$25 re-enrollment application fee</li><li>• \$80 testing fee</li><li>• \$15 art fee</li><li>• \$225 security fee</li></ul> <p><b>Tuition: \$8,000</b></p>	<ul style="list-style-type: none"><li>- Faith based curriculum</li><li>- Weekly chapel</li><li>- School hours 8:15am - 3:15pm</li><li>- Breakfast and Lunch included</li></ul> <p><b>Fees:</b> Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.</p> <ul style="list-style-type: none"><li>• \$50 new student application fee</li><li>or</li><li>• \$25 re-enrollment application fee</li><li>• \$80 testing fee</li><li>• \$15 art fee</li><li>• \$225 security fee</li></ul> <p><b>Tuition: \$8,100</b></p>	<ul style="list-style-type: none"><li>- Faith based curriculum</li><li>- Weekly chapel</li><li>- School hours 8:15am - 3:15pm</li><li>- Breakfast and Lunch included</li></ul> <p><b>Fees:</b> Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.</p> <ul style="list-style-type: none"><li>• \$50 new student application fee</li><li>or</li><li>• \$25 re-enrollment application fee</li><li>• \$80 testing fee</li><li>• \$225 security fee</li></ul> <p><b>Tuition: \$8,200</b></p>

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.



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## 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 \_\_\_\_ Indian \_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Student Accepted: \_\_\_\_ Yes \_\_\_\_ No Application Fee Paid: \_\_\_\_ Yes \_\_\_\_ No Student ID# \_\_\_\_\_

Mrs. Ann Marie Collard  
Principal  
amcollard@goodshepofnfm.com

**Our School Mission is:**  
**To encourage students to use their God-Given gifts**  
**to touch the lives of others as Jesus did.**

Ms. Penny Holt  
Preschool Director  
pholt@goodshepofnfm.com



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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: \_\_\_\_\_

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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 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.

**MUST BE SIGNED IN THE PRESENCE OF A FLORIDA NOTARY PUBLIC**

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

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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## Grade School Tuition Financial Agreement 2024-2025

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    ☐ \$80 testing fee    ☐ \$15 art fee    ☐ \$225 security fee

Total due upon application: \$ \_\_\_\_\_ Total due upon acceptance: \$ \_\_\_\_\_

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

If 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

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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## Grade School Aftercare Financial Agreement 2024-2025

Name of Student: \_\_\_\_\_ Age of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Please Print)

**The following fees are payable weekly.**

**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-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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## Scholarship Guidelines Commitment Form 2024-2025

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Scholarship ID #: \_\_\_\_\_

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 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 school year, I understand that it is my responsibility to pay the remainder of the 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 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: \_\_\_\_\_

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