



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

New 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 Student Records Request
- _____ 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: _____

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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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">- Faith based curriculum- Weekly chapel- School hours 8:15am - 3:15pm- Breakfast and Lunch included <p>Fees: 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">• \$50 new student application feeor• \$25 re-enrollment application fee• \$80 testing fee• \$15 art fee• \$225 security fee <p>Tuition: \$8,000</p> | <ul style="list-style-type: none">- Faith based curriculum- Weekly chapel- School hours 8:15am - 3:15pm- Breakfast and Lunch included <p>Fees: 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">• \$50 new student application feeor• \$25 re-enrollment application fee• \$80 testing fee• \$15 art fee• \$225 security fee <p>Tuition: \$8,100</p> | <ul style="list-style-type: none">- Faith based curriculum- Weekly chapel- School hours 8:15am - 3:15pm- Breakfast and Lunch included <p>Fees: 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">• \$50 new student application feeor• \$25 re-enrollment application fee• \$80 testing fee• \$225 security fee <p>Tuition: \$8,200</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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New Grade School Student Enrollment Application for 2024-2025

Full Name of Student (last, first, middle) _____

DOB: _____ Class applying for: _____ School Year: _____ Male: _____ Female: _____

Street Address: _____

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

Race: _____ Black _____ Asian _____ White _____ Indian _____ Other _____

Ethnicity: _____ Hispanic _____ Not Hispanic _____

Previous School Attended _____

Address of School: _____

Medical/Allergies: _____

If yes, please describe: _____

Does your child have any physical, emotional, or learning disabilities: (If yes) does your child have an IEP _____ or a 504 _____?

please explain: _____

How did you hear about our school: _____

Parent or Guardian

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(_____) _____

Email: _____

Parent or Guardian

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(_____) _____

Email: _____

If Guardian, please supply court order paperwork.

\$50 application fee due upon applying

Signature: _____

Date: _____

Office Use: Application Accepted _____ Yes _____ No _____

Student ID#: _____

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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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Student Records Request

Date: _____ Attention: _____ School: _____

Student: _____ DOB _____

Grade when withdrawn: _____ **Send to attention of: Thaina Osorio at**

frontdesk@goodshepofnfm.com or Fax 239-471-0526

This document is an official authorization given by the parent or legal guardian of the student whose name appears above for release of the school records listed below. The undersigned authorize you to send Good Shepherd Lutheran School the following documents.

- Official Transcripts
- Most recent report card
- Standardized test scores
- Records of physical problems
- Health and Immunization 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: _____

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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 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 daily rate of \$16.00. 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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