Good Shepherd Cathedral School

PAASCU Accredited Level 1 Omega Ave., cor. Rado St., Fairview Park, QC

Email address: gscs.guidance@gmail.com gscs.guidance 2@gmail.com

APPLICATION FORM (For NEW Students only)	
Please check: ECE (Kinder) GS	JHS SHS
Incoming Grade Level: Previous School:	
Preferred Modality: Online Distance Learning Onsite Learning (Face to Face & Modular)	
For Grade 11 Applicants - Academic Strand (Check one): Science, Technology, Engineering and Mathematics (STEM) Humanities, Education and Social Sciences (HESS) Accounting, Business and Management (ABM)	
Name of Student:	
(Last Name) (Given I	
Mother's Name: Cellphone N	
Father's Name: Cellphone I	
Guardian: Cellphone No: Relationship:	
Home address:	
Landline number: E-mail (required):	
How have you known about our school? (<i>Check all applicable</i>): From relative/friendChurch Announcements Social Media Posts Posters or print ads Career Orientation Other (pls. specify)	
Referred by:	
 Does the student-applicant requires attention/support in consideration to his/her academic learning? — Yes (Kindly give brief details) — No — No — State learner and the household equipped and willing to participate actively in virtual/online lessons? — Yes — No — No — State learner and the household equipped and willing to participate actively in virtual/online lessons? — Yes — No — No — State learner and the household equipped and willing to participate actively in virtual/online lessons? — Yes — No — No — No — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. Simply type N/A if not applicable. — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. Simply type N/A if not applicable. — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. — Its any health/medical conditions, which should be taken into consideration while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in GSCS. — Its any health/medical conditions while enrolled in G	
Note: If applicable please attach necessary medical certificate or psycho-educational assessment	
This enrollment application will remain Temporary pending the following documentary requirements: • Original and Final Report Card • Photocopy of PSA Birth Certificate Enrollment will be official upon submission of the abovementioned requirements and payment of school fees. This agreement is made in accordance with DepEd Order No. 03, s. 2018 otherwise known as the DepEd Basic Education Enrollment Policy. Conforme:	
Parent's signature over printed name	
MODE OF PA	
Quarterly Semi-	Annual Cash Basis:
APPLICABLE DISCOUNTS and SUBSIDY (Subject to Validation) Academic Discount* (Top 1-3 of his/her level) Sibling Discount (for youngest child enrolled)	
ESC* for Grade 8-10 SHS Voucher* *Submit Certification	
	Submit Certification