



# Good Shepherd Cathedral School

PAASCU Accredited Level II

Omega Ave., cor. Rado St., Fairview Park, QC

Telephone numbers: 7757-4163; 7621-9062

Email address: [gscs\\_registrar@yahoo.com](mailto:gscs_registrar@yahoo.com)

[finance@gscs95.edu.ph](mailto:finance@gscs95.edu.ph)

## ENROLLMENT FORM (For OLD Students only)

### ONLINE ENROLLMENT PROCEDURE:

1. Once accomplished, e-mail this Enrolment Form to [gscs\\_registrar@yahoo.com](mailto:gscs_registrar@yahoo.com) for initial registration; the Registrar will then forward your Enrollment Form to the Accounting Office for assessment.
2. You will receive an email from the Accounting Office containing assessment and GSCS bank account information.
3. Once paid, e-mail the receipt of payment with your signature to [finance@gscs95.edu.ph](mailto:finance@gscs95.edu.ph). The Accounting Office will then email you and the Registrar the confirmation of payment within 3-7 banking days.
4. You will receive an email from the Registrar's Office to CONFIRM your child's enrollment.

### ONSITE ENROLLMENT PROCEDURE:

Proceed to the registrar's office or assigned enrollment room and present the accomplished enrollment form.

Please check:

ECE

GS

JHS

SHS

Incoming Grade Level: \_\_\_\_\_

Previous Grade & Section: \_\_\_\_\_

*For Grade 11-12 Applicants only:*

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 Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address: \_\_\_\_\_

Landline number: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

*(indicate if father, mother or guardian's email)*

### MODE OF PAYMENT

\_\_\_\_ Quarterly

\_\_\_\_ Semi-Annual

\_\_\_\_ Cash Basis:

### APPLICABLE DISCOUNTS and SUBSIDY (Subject to Confirmation)

\_\_\_\_ Academic Discount (Specify \_\_\_\_\_) \_\_\_\_\_ Sibling Discount (for youngest child enrolled)

\_\_\_\_ ESC for Grade 8-10\* \_\_\_\_\_ SHS Voucher \_\_\_\_\_ Other (Pls. specify) \_\_\_\_\_