



Jehovah - El Buen Pastor
LUTHERAN CHURCH
GOOD SHEPHERD
CHRISTIAN ACADEMY

STUDENT INFORMATION FORM

FY 26'-27'

MARCH 1, 2025

**GOOD SHEPHERD CHRISTIAN ACADEMY
3740 W Belden Ave. Chicago, IL 60647**



STUDENT INFORMATION

Student's Name _____ Male Female

Grade _____ Ethnicity _____ Date of Birth _____

Does this student have or currently undergoing evaluation for an IEP? Yes No
If yes, documentation must be provided for your child's IEP.

Student's Name _____ Male Female

Grade _____ Ethnicity _____ Date of Birth _____

Does this student have or currently undergoing evaluation for an IEP? Yes No
If yes, documentation must be provided for your child's IEP.

Student's Name _____ Male Female

Grade _____ Ethnicity _____ Date of Birth _____

Does this student have or currently undergoing evaluation for an IEP? Yes No
If yes, documentation must be provided for your child's IEP.

Student's Name _____ Male Female

Grade _____ Ethnicity _____ Date of Birth _____

Does this student have or currently undergoing evaluation for an IEP? Yes No
If yes, documentation must be provided for your child's IEP.

Student's Name _____ Male Female

Grade _____ Ethnicity _____ Date of Birth _____

Does this student have or currently undergoing evaluation for an IEP? Yes No
If yes, documentation must be provided for your child's IEP.

Is a language other than English spoken in your home? Yes No

What other language is spoken at home? _____

Does your child speak another language other than English in your home? Yes No

What other language does your child speak at home? _____



PARENT INFORMATION

Parent Name #1 _____

Address _____

City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Email Address _____

(Please print)

Parent Name #2 _____

Do both parents live in the same household? Yes No (If no, please list the address below)

Address _____

City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Email Address _____

(Please Print)

Address _____

City _____ State _____ Zip _____



EMERGENCY CONTACT INFORMATION

Parents are always contacted first.

Two additional emergency numbers other than the parent(s) must be on file.

Name #1 _____ Relationship _____

Phone _____

Name #2 _____ Relationship _____

Phone _____

STUDENT MEDICAL INFORMATION

This section must be updated if your child's information has changed.

Are there any medical conditions or food/animal allergies we should be aware of? Yes No
If yes, please list the child(ren) and explain.

Is your child(ren) on any kind of medication? Yes No
If yes, please list the child(ren) and explain.

Physician's Name

Street Address _____



STUDENT INFORMATION FORM

City _____ State _____ Zip _____

Phone Number _____

HOME CHURCH INFORMATION

Home Church Name: _____

Home Church Address: _____

Have you been baptized? Circle one: Yes / No

When were you baptized? _____

Have you received the sacrament of The Altar (Holy Communion/First Communion)? Circle one:

Yes / No

When and where was it received?

Have you received the sacrament of confirmation? Circle one: Yes / No

When and where was it received? _____



STUDENT PICK-UP AUTHORIZATION

PERMISSION TO PICK UP A STUDENT

This section needs to be filled out for all students who will be picked up by someone other than their parents.

Name #1 _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Name #2 _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Name #3 _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

I, _____, give _____ permission to walk home alone.
(Parent/Guardian) (Child(ren)'s Name)

I understand that no one will be permitted to pick up my child if their name is not listed on this form. Only the adults listed in this form, for whom I have given permission, can pick up my student(s) regardless of whether they live in the same household or not.

Parent/Guardian Name: _____



STUDENT INFORMATION FORM



Signature pages

Student(s)' Name(s): _____

Parent Name: _____

IPAD/CHROMEBOOK PARENT AGREEMENT

I have read and discussed with my child the IPAD/CHROMEBOOK ACCEPTABLE USE AGREEMENT, and I give permission for my child to utilize the IPAD/CHROMEBOOK. I understand that IPAD/CHROMEBOOK access is conditional upon adherence to the guidelines above. Although students are supervised when using the IPAD/CHROMEBOOK, and their use is electronically monitored, I am aware of the possibility that my child may gain access to material that school officials and I may consider inappropriate or not of educational value.

REMIND TEXTS/WEEKLY NEWSLETTERS

We use text reminders, via the text messaging system remind.com, and weekly newsletters via email to keep you informed of what is going on at GSCA. By initialing below, you agree to receive texts and emails regarding updates and school information.

EMERGENCY AGREEMENT Policy Acknowledgment

I have read the GSCA Emergency Agreement provided in the student handbook in its entirety. I understand the content and do not have any further questions.

Parent's Initials: _____

GSCA PHOTO AGREEMENT & ACKNOWLEDGMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school website, etc.

I have read GSCA'S Photo Agreement policy provided in its entirety. I understand the content and do not have any further questions.

Parent Signature: _____ Date: _____



ADMISSION AGREEMENT & ACKNOWLEDGMENT

We as a family will:

- A. Support the goals, purposes and objectives of the school to the best of our abilities
- B. Understand that Bible study, a weekly chapel service, memorizing parts of the Bible, and a Christian environment is an integral part of the school
- C. Agree that if there are any concerns in the school, we will attempt to resolve them through the appropriate channels one step at a time: talking to the teacher, then the principal, then parent, teacher & principal meeting, and finally through the principal to the JEBP Board of Elders.
- D. Understand that all new students are on a first trimester probationary period to determine if the school fits the needs of the child

I have read GSCA'S ADMISSION AGREEMENT provided in its entirety. I understand the content and do not have any further questions.

Parent Signature: _____ **Date:** _____

GSCA Parent & Student Handbook Policy Acknowledgment

I have read GSCA'S Parent & Student Handbook provided in its entirety and do not have any further questions.

I understand the content and will follow all rules as stated in the handbook will follow:

- Arrival and dismissal policy
- Face Mask/ Covering Policy
- Sickness/Absence Reporting Policy
- Before & After School Care Policy
- Playground and Outdoor Play Policy
- Concussion Policy
- iPad & Chrome Agreement
- Emergency Agreement
- Admissions Agreement

Parent Signature: _____ **Date:** _____

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TUITION AGREEMENT 2026-2027

(Payment is due on the 1st of each month.)

1.) _____, I agree to pay 9 monthly Tuition payments.
(Parent Initials)

Please Initial to the left of the agreement of your choice:

_____ 1 Child at **\$267/Month** for **9 monthly** tuition payments. **(\$2,400 Yearly)**

_____ 2 Children at **\$427/Month** for **9 monthly** tuition payments. **(\$3,840 Yearly)**

_____ 3 Children at **\$507/Month** for **9 monthly** tuition payments. **(\$4,560 Yearly)**

Monthly Payment Start Date: **August 1, 2025** Monthly Payment End Date: **April 1, 2027**

2.) _____, I agree to pay 12 monthly Tuition payments.
(Parent Initials)

Please Initial to the left of the agreement of your choice:

_____ 1 Child at **\$200/Month** for **12 monthly** tuition payments. **(\$2,400 Yearly)**

_____ 2 Children at **\$320/Month** for **12 monthly** tuition payments. **(\$3,840 Yearly)**

_____ 3 Children at **\$380/Month** for **12 monthly** tuition payments. **(\$4,560 Yearly)**

Monthly Payment Start Date: **August 1, 2026** Monthly Payment End Date: **July 1, 2027**

3.) _____, I agree to pay _____ monthly Tuition payments.
(Parent Initials)

Please Initial to the left of the agreement of your choice:

_____ 1 Child at \$ _____/Month for _____ monthly tuition payments. (\$ _____ Yearly)

_____ 2 Children at \$ _____/Month for _____ monthly tuition payments. (\$ _____ Yearly)

_____ 3 Children at \$ _____/Month for _____ monthly tuition payments. (\$ _____ Yearly)

Monthly Payment Start Date: _____ Monthly Payment End Date: _____

Parent/Guardian Name: _____ Date: _____

GSCA Signature: _____ Date: _____