

GOOD SHEPHERD ACADEMY



SCHOOL APPLICATION FORM NO.1

Attach Passport Photograph here

Applicant's Name: _____

A non-refundable administration charge of SSP is made for each application. This payment must accompany the submission of this form and no application will be accepted without such payment.

Good Shepherd Academy

Gumbo, Sherikat Suburb, Juba-Nimule Rd, Private Bag Juba, South Sudan

Telephone: +211 (0) 925 486 861

Email: gsacademy@gmail.com

Website: www.gs-ac.org

Child (applicant) Information *(the school demands proof of Date of Birth)*

Family Name	First Name	Middle Name(s)
DOB (Day, Month, Year)	Age	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Applying for	Academic Term	
Primary: <input type="checkbox"/> Class.....	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3	
Nursery: <input type="checkbox"/> Baby <input type="checkbox"/> Middle <input type="checkbox"/> Top		
Church Membership/Religious Affiliation	Nationality	
Mother Tongue	Child was not in school	
Child was in school name	Address of school	
Head Teacher or Principal's Name of previous school	Reason for Leaving School	
Curriculum Taught at Present School: (American, British, Kenya, Uganda, South Sudan Curriculum)		
Does your child have any known medical conditions? Please provide details / relevant documentation		
Any other comment about your child?		

Family Information: Parent Guardian

	Father/Guardian	Mother/Guardian
Mr. / Mrs. / Ms. / Dr. /Rev. Rt. Rev.		
Family Name		
First name, Middle Initial		
Permanent home address or Location (i.e. including street, road, Boma, County, State)		
Cell Phone #		
Alternative Cell Phone #		
Personal Email		
Business/Work Email		
Occupation		
Passport or National ID #	Type of Passport <input type="checkbox"/> Ordinary <input type="checkbox"/> Special <input type="checkbox"/> Diplomatic <input type="checkbox"/> Other Expiry Date:	
Employer/Self Employed		
Employer's Address		

List at least three siblings (aged 16 and under)

	Sibling	Sibling	Sibling
Name			
Age			
Gender			
Current School			
Class			
My child will be dropped or picked by	Full Name:		
	Relationship to the child		
	Phone Number		

Please indicate how you came to hear about Good Shepherd Academy

<input type="checkbox"/> Newspapers	<input type="checkbox"/> Church	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website
<input type="checkbox"/> Friends	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Current Pupil	<input type="checkbox"/> Other

Please explain briefly why you consider applying for your child to enrol at Good Shepherd Academy

Application Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> 2 Passport Size Photographs |
| <input type="checkbox"/> Copy of identification document for the child | <input type="checkbox"/> Copy of last 2 terms' Report Cards if available |
| | <input type="checkbox"/> Copy of passport or ID of the parent or guardian |

Conditions of Application: GSA has limited need or merit base scholarship opportunities which may be announce to pupils in need of financial aid. Our scholarships and fee structures aim to ensure a broad socio-economic mix of the pupils and that adds value to the pupil experience and the Academy.

Declaration (To be signed by Parent / Guardian)

1. We acknowledge that this application does not automatically admit the applicant to the Good Shepherd Academy. Academic transcripts, interviews and assessment records are taken into consideration. The Good Shepherd Academy reserves the right to make a final decision. Any falsified or withholding of information may constitute in a withdrawal of the pupil.
2. We acknowledge that, should this application be accepted our child and we (his / her parents or guardians), undertake to abide by the policies and regulations of the Good Shepherd Academy and we understand that in serious instances of infraction, eg damage to school property, bodily harm to another student / teacher, our child may be asked to leave the school.
3. We acknowledge that, upon acceptance, we agree to pay the applicable fees and abide by the billing options outlined in the Fee Schedule. If a pupil wishes to withdraw from the school, a full term's notice of withdrawal must be given or one term's fees paid to the school in lieu of notice.
4. We acknowledge that the school will take reasonable care and exercise due diligence within its premises and during school activities and will bear no responsibility should the child/pupil exercise any reckless and / or careless behaviour that may endanger his / her safety and others around and as such cause harm or injury to himself / herself and others.
5. We declare that all previous medical and psychological histories are correctly reported on the Admission Form.
6. On leaving the school, pupils will return text books and any school property they might have borrowed during their stay in the school or the cost of the same will be deducted from the refundable Caution Deposit.

Signature of the parent or Guardian

Signature (Parent/Guardian)	Date

In the presence of school official

- Deputy Head Teacher Dean of Student Affairs Head of Administration and Finance

Name:

Signature

Date

FOR OFFICIAL USE ONLY			
Placement Interviews: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	<input type="checkbox"/> Recommended for admission by:	Officer's Name:	Position, Signature, Date
	<input type="checkbox"/> Not Recommended for Admission by:		
<input type="checkbox"/> Admission granted		<input type="checkbox"/> Admission Denied	
Date of Admission	Admission Number	<input type="checkbox"/> For Primary	<input type="checkbox"/> For Nursery
		<input type="checkbox"/> Class	<input type="checkbox"/> Baby <input type="checkbox"/> Middle <input type="checkbox"/> Top
Name of officer		Position	Signature/Date
		<input type="checkbox"/> Head Teacher	
<input type="checkbox"/> Deputy Head Teacher			
Reason for denial of admission			

OFFICIAL STAMP