



Good Shepherd Episcopal School

4207 Forest Hill Avenue - Richmond, VA 23225

Telephone: (804) 231-1452 - www.gses.org

APPLICATION FOR ADMISSION

Application for Admission in the year 20_____ into the _____ Grade

Name _____
Last First Middle

Nickname _____ Age _____ Date of Birth ____/____/____ Gender: M F

Home Address _____

City/ State _____ Zip _____

Name of Mother or Guardian _____

Home Address _____

City/ State _____ Zip _____

Telephone (____) _____ - _____ E-mail _____

Employer _____ Occupation _____

Business Telephone (____) _____ - _____ Cellular (____) _____ - _____

Name of Father or Guardian _____

Home Address _____

City/ State _____ Zip _____

Telephone (____) _____ - _____ E-mail _____

Employer _____ Occupation _____

Business Telephone (____) _____ - _____ Cellular (____) _____ - _____

Parents are Married Divorced Separated

Correspondence should be sent to: Mother Father Both Guardian

Name of Siblings **Age** **Current school**

Name of Applicant's Current School _____ **Grade:** _____

City/ State _____ **Zip** _____ **Telephone (_____)** _____ - _____

Former Schools Attended (list in order, beginning with the most recent):

How did you hear about GSES? _____

Why are you interested in having your child attend GSES? _____

Names of any friends or family who have attended GSES _____

Would you like to receive information about financial aid? Yes No

Parent or Guardian Signature

Date

Please enclose a non-refundable application fee of \$50.00. (Make check payable to GSES.)

Non-Discriminatory Statement:

Good Shepherd Episcopal School admits students of any race, color, gender, sexual orientation, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, sexual orientation, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



Parent Questionnaire

Applicant's Name _____

Please describe your child as an individual and relate your perception of him/ her to your expectations for his/ her educational experience at Good Shepherd Episcopal School.

Describe any significant events in your child's life; for example, achievements, school changes, personal setbacks.

Your child's strengths (personal and academic):

Areas you/ your child would like to see growth or improvement: (personal and academic):

Has your child undergone any individual psychological assessment, educational evaluations, or tutorial support outside of school? Yes No

Does your child currently have an IEP or 504 plan? Yes No

Is your child currently on medication or previously been on medication? Yes No

If yes to any of the above, please explain and submit all assessments and accommodations attempted.

Parent/ Guardian Signature _____ Date _____



Grade One - Grade Eight Confidential Teacher Recommendation Form

Good Shepherd Episcopal School
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Attention Parent(s)/ Guardian(s): Please have your child's present teacher complete this confidential recommendation form, and provide the instructor with a stamped, addressed envelope to the Office of Admission at Good Shepherd Episcopal School in which to mail the form when completed.

Applicant's name: _____ **Present Grade:** _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation, and please know that all remarks will be kept in the strictest of confidence, and that we appreciate the time and effort involved in completing this form.

Name and position of Individual Submitting Recommendation: _____

Present School: _____ Phone Number: _____

Signature: _____ Date: _____

1. How long have you worked with the applicant and in what capacity?

2. What are the first words that come to mind in describing this student?

3. Please comment on the following:

- The student's qualities of mind, particularly originality, imagination, creativity, and maturity:

- The student's study and work habits, particularly industry, initiative, organization, completion of tasks, attention in class, ability to work independently and with a group:

- The student's academic aptitude and achievement, specifically, writing fluency, math/ science reasoning, and analytical thinking skills:

- The student's personal qualities, such as manners, leadership, sense of humor, and relationships with peers and adults:

- The student's character, particularly integrity, responsibility, respect for others, and dependability:

4. Please comment on any strengths or weaknesses not addressed above.

5. Please summarize your evaluation:

Academic achievement: Excellent _____ Good _____ Fair _____ Poor _____

Character: Excellent _____ Good _____ Fair _____ Poor _____

6. Has the Applicant been evaluated for any physical, emotional, or academic reasons?

*Yes _____ No _____ Unsure _____

7. Is the applicant currently on medication or previously been on medication?

*Yes _____ No _____ Unsure _____

* If "yes" to questions 6 or 7, please explain. Attach an additional sheet if necessary.

We sincerely appreciate your time and thank you for filling out this recommendation form. If there is any additional information you would like to share via phone call, please call (804) 231-1452 to speak to the Admissions Director.



Student Records Release Form

Good Shepherd Episcopal School
4207 Forest Hill Avenue - Richmond, VA 23225
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Name of Head of School/ Director/ Principal: _____

Name of Guidance Counselor: _____

Present School: _____ School type: Public Private

School Address: _____

Phone: _____ Fax: _____

Student's Present Grade: _____ Date of Birth: _____

_____ has applied for admission to Good Shepherd Episcopal School

(Student's Full Name)

for Grade _____, for the 20____ - 20____ academic year.

Please forward the following REQUIRED information: Grade Reports (including comments) for each year (K-8), Standardized test scores for each year (K-8), health forms (including immunization records), and attendance. If available, send the most recent psychological evaluation, educational evaluation, or Individual Education Plan.

Send records to the attention of:

Director of Admissions
Good Shepherd Episcopal School
4207 Forest Hill Avenue
Richmond, VA 23225
admissions@gses.org

I hereby grant permission for the release of the above records and any other information that may be useful for admissions and educational planning concerning my child.

Signature, Parent/ Guardian

Date (Month/Day/Year)

Printed Name



Applicant School Report for Richmond Area Independent Schools

This form has been developed and approved for use by the following schools.

Collegiate School (804) 741-9778 • Good Shepherd Episcopal School (804) 231-1452

Sabot at Stony Point (804) 272-1341 • St. Catherine's School (804) 281-7140

St. Christopher's School (804) 282-3185 • St. Michael's Episcopal School (804) 272-3514 • The Steward School (804) 565-2334

We appreciate your cooperation in completing this form. Your observations are an invaluable guide as the Admissions Offices at independent schools learn more about applicants. **This information is confidential and will not be shared with the applicant's family.** Your candid responses to the following questions are appreciated.

Applicant's name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Application to grade: _____

Name of School: _____

Number of children in the class: _____

- 2 Day 3 Day 4 Day 5 Day
 Pre-K K

What are the first words that come to mind to describe this child?

What are this child's greatest strengths?

Please check the response most appropriate for this child.

Attention Span

- Focuses and maintains attention over time
 Attends with occasional teacher redirection
 Easily distracted by noise or movement of others and requires frequent teacher redirection

Task Persistence

- Persists and completes tasks independently
 Attempts tasks with some encouragement
 Attempts tasks after much encouragement
 Refuses to attempt/complete task

Degree of Independence

- Able to work on most tasks independently
 Requires occasional assistance to complete task
 Requires frequent assistance to complete task
 Needs constant supervision/guidance to complete task

Attention to Directions in Teacher-Directed Activities

- Listens carefully to entire directions
 Attends only to brief directions
 Plunges ahead after hearing only portion of directions

Comprehension of Directions in

Teacher-Directed Activities

- Rapid comprehension of most directions, given age expectations
- Understands after several repetitions
- After several repetitions, understands only partial directions
- Does not appear to comprehend most directions

Verbalization

- Communicates ideas clearly
- Has difficulty expressing wants/needs
- Speech has substitutions
- Verbal interactions are inappropriate to age/situation

Body Movements at Listening Times

- Sits quietly
- Some squirming
- Much movement
- Out of seat; body constantly in motion

Peer Relationships

- Works and/or plays well with others
- Friendly, but reserved
- Has difficulty interacting with peers

Confidence

- Very sure of self
- Confident with things known; attempts new things with encouragement
- Reluctant to try new or difficult things
- Very uncertain; needs much encouragement

Fine Motor Development

(Pencil grip, use of scissors, zips and buttons, etc.)

- Mature
- Age Appropriate
- Developing
- Immature

Gross Motor Development

(Balance, spatial awareness, large muscle control, etc.)

- Mature
- Age Appropriate
- Developing
- Immature

Additional Comments:

Please check the response most appropriate for the Parent(s)/Guardian(s) of this student.

	Consistently	Usually	Sometimes	Rarely
Participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperate with classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through with school recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are punctual with drop-off & pick-up procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception of this child is compatible with the school's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please circle one word below to describe your recommendation for this child:

With Enthusiasm

Strongly

With Reservation

Not Recommended

Do you think this child will be ready for kindergarten next year? _____

Your Name: _____ Date: _____

Position: _____ Phone Number: _____

Email: _____