



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

Application for Admission for the 20____ - 20____ school year into Grade ____.

Student's Last Name

Student's First Name

Student's Middle Name

Student's Preferred Name

Date of Birth

Pronouns (optional)

Address

City

State

Zip

Parent/Guardian 1

Full Name

Home Address *(if different from above)*

Email

Phone

Parent/Guardian 2

Full Name

Home Address *(if different from above)*

Email

Phone

Correspondence should be sent to:

☐ Parent/Guardian 1 ☐ Parent/Guardian 2 ☐ Both ☐ Other

If "Other," please identify



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

Sibling 1

Name / Age / Current School

Sibling 2

Name / Age / Current School

Sibling 3

Name / Age / Current School

Sibling 4

Name / Age / Current School

Applicant's Current School

City / State

School Phone

Applicant's Current Grade

Former Schools Attended (most recent first):



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

How did you hear about GSES?

Why are you interested in having your child attend GSES?

Please list names of any friends or family who have attended GSES

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

By submitting this application, parents/guardians affirm that the information provided regarding their child's educational, developmental, behavioral, and support needs is complete and accurate to the best of their knowledge. Complete and accurate information is essential to the Admissions Committee's ability to determine whether the School can appropriately meet a student's needs. If material information is later discovered to have been omitted, withheld, or misrepresented, the School may reconsider its admission decision and, when appropriate, withdraw enrollment.

Parent/Guardian Signature

Date

Please include a non-refundable application fee of \$50.00, payable by check to GSES. Checks may be mailed to the Admissions Department at the address listed above. Please include your child's name in the memo line.

Prefer to pay by credit card? Our application is also available on our website. Simply complete the online application, and you will be prompted to submit your payment electronically upon completion.



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

Non-Discrimination Statement

Good Shepherd Episcopal School admits qualified students and administers its educational and school programs without unlawful discrimination on the basis of race, color, religion, ethnic or national origin, sex, pregnancy, childbirth or related medical conditions, sexual orientation, gender identity, marital status, disability, military status, or any other status protected by applicable law. This statement is intended to be applied consistent with all rights and exemptions available to the School under applicable law.



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

Parent Questionnaire

Applicant's Name (Student) _____

Please describe your child as an individual and share what you hope your child will experience at Good Shepherd Episcopal School.

Describe any significant events in your child's life that you believe would help us understand and support your child (for example, achievements, school changes, or other important transitions).

Your child's strengths (personal and academic):



APPLICATION FOR ADMISSION

4207 Forest Hill Avenue - Richmond, VA 23225

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

Parent Questionnaire - Continued

Applicant's Name (Student) _____

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

Is there anything else you would like the admissions team to know about your child, family, or educational goals?

Parent/Guardian Signature

Date