

# 2024-2025 Enrollment Form K-8

**\$50 Registration Fee before March 17, 2024; \$100 Registration Fee after March 17, 2024**



## Good Shepherd Catholic School

75 Shepherd Way Frankfort, KY 40601

Phone: (502) 223-5041 Fax: (502) 223-2755

Email: office@gssfrankfort.org

gssfrankfort.org @gscsfrankfort

### For Office Use:

Date Received: \_\_\_\_\_ by \_\_\_\_\_

Amount Received \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Copied to \_\_\_\_\_ Date \_\_\_\_\_

Rate ☐ P ☐ P+ ☐ NP **Registration Fee** ☐

**Please check one:** ☐ NEW GSCS family ☐ Current GSCS family re-enrolling

**Discount (if applicable)** ☐ New to Catholic Schools ☐ Early Registration ☐ Refer a Friend

## Student Information

Student's Last Name	First	Preferred	Male /Female	Age
Date of Birth*	Race/Ethnicity	Grade Enrolling For	Religion	
Current Grade	Last School Attended	City	State	Zip
Student lives with **	<input type="checkbox"/> both parents	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other _____

Mother/Guardian Information		Father/Guardian Information
Last Name		
First Name		
Email		
Address		
City, State, Zip Code		
Mobile Phone		
Home Phone		
Occupation / Place of Employment		
Work Phone		
Religion		
Marital Status		
Preferred language at home		
Registered Parishioner at Good Shepherd Catholic Church? ***		

\*students must be the appropriate minimum age for the grade they are entering by August 1 of the year of entry.

\*\*If there is a court order affecting the custody and/or residency of the student, a court order affecting visitation rights of a non-custodial parent, or an order affecting whether a non-custodial parent should receive school info or attend school activities, written evidence of this must be presented to the school office at time of enrollment.

\*\*\* if no, please indicate if you are a registered member of a different Roman Catholic parish

### Additional Student Information

#### Additional Student Registering:

Student's Last Name	First	Preferred	Male /Female	Age
Date of Birth*	Race/Ethnicity	Grade Enrolling For	if PK, Half or Full Day?	Religion
Current Grade	Last School Attended	City	State	Zip
Student lives with ** <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other _____				

#### Additional Student Registering:

Student's Last Name	First	Preferred	Male /Female	Age
Date of Birth*	Race/Ethnicity	Grade Enrolling For	if PK, Half or Full Day?	Religion
Current Grade	Last School Attended	City	State	Zip
Student lives with ** <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other _____				

### Permissions and Acknowledgements

1) Good Shepherd Catholic School ☐ has ☐ does not have my permission to publish on the school website and social media channels or release to the media my child/ren's name and photos/videos/recordings of my child/ren for school-related purposes.

My child/ren's name and photos may be published in the school yearbook. ☐ yes ☐ no

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

2) Good Shepherd Catholic School ☐ has ☐ does not have my permission to use my child/ren's name and parent names, addresses, phone numbers, and email addresses in a school directory to be distributed to school families.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**GOOD SHEPHERD CATHOLIC SCHOOL**  
Parish Business Office: Phone 502-227-4511 Fax 502-875-9854  
**TUITION CONTRACT FOR THE 2024-2025 SCHOOL YEAR**

Name & Address of Financially Responsible Party:

Student Name(s):

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Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tuition & Instructional Support Fees Payment Options**

For the upcoming school year, I/we will remit payment for tuition & instructional support fees per the payment option checked below:

- ☐ **OPTION 1**      **Tuition & Fees Payment in Full by March 17 (\$100 discount)** If you choose this option, you will be invoiced for the total cost of your tuition & instructional support fees. Payment will be due by March 17 of the current year. Please make your check payable to Good Shepherd School and mail or deliver to the Parish Office at 70 Shepherd Way, Frankfort, 40601, or, pay via automatic withdrawal through FACTS Tuition Management Company. If Payment is not received by March 17 a late fee of \$20 will be charged per invoice, and you will be contacted to select another option.
- ☐ **OPTION 2**      **10 Monthly Payments through FACTS.** Tuition & instructional support fees payments may be budgeted over 10 months, August through May, through FACTS Tuition Management Company. Payments may be made on either the 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or last business day of each month. An annual FACTS administrative fee of \$45 will be charged to your account by FACTS within two weeks of your account being activated.
- ☐ **OPTION 3**      **12 Monthly Payments through FACTS.** Tuition & instructional support fees payments may be budgeted over 12 months, July through June, through FACTS Tuition Management Company. Payments may be made on either the 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or last business day of the month. An annual FACTS administrative fee of \$45 will be charged to your account by FACTS within two weeks of your account being activated.
- ☐ **OPTION 4**      **Two Semi-Annual Payments through FACTS.** Tuition & instructional support fees payments may be budgeted semi-annually, in August & January, through FACTS Tuition Management Company. Payments may be made on either the 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or last business day of the month. An annual FACTS administrative fee of \$10 will be charged to your account by Facts within two weeks of your account being activated.

**Credit Card: Discover, Visa, or Master Card.** Credit cards may be used for automatic monthly payments as described in the options above through FACTS Tuition Management Company. **In addition to the annual administrative fee, there will be a processing fee of 2.85% charged per transaction. American Express is not accepted.**

**Down Payment Option:** You may make an initial down payment in the amount of your choice by July 15 reducing your future monthly payments. Your FACTS Agreement will be finalized at the full amount and when the down payment is made your agreement will be adjusted at that time to reflect the payment, making your monthly amount due at a lesser amount.

I agree to make tuition & fee payments for the upcoming school year according to the option chosen above. I have read the school's financial policies\* and agree to abide by the GSCS policies and procedures.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Financially Responsible Party's Signature

\_\_\_\_\_  
Date

Please return this completed contract along with enrollment form to the school office,  
and please set up or update your FACTS account at <https://online.factsmgt.com/signin/3WFLJ>.  
A FACTS account is required for every GSCS student.

**Good Shepherd Catholic School**  
**75 Shepherd Way Frankfort, KY 40601**  
**Medical/Health Child Information Sheet 2024-2025**

**Consent for Medical Treatment**

As a parent or guardian I grant permission to allow the staff and volunteers of Good Shepherd Catholic School to make decisions for emergency treatment, first aid, or hospitalization for my child if necessary. I understand that if an emergency should arise I will be notified first, but if I am unavailable to be reached by phone, such medical treatment as deemed necessary by trained and competent medical personnel is authorized. I agree that the expense of such an emergency will be accepted and paid by me.

I understand that this is a legally binding release and consent and that school activities are provided in consideration for this signed release and consent.

I have carefully read this Consent for Medical Treatment form and fully understand and agree to its contents. I grant the staff of Good Shepherd Catholic School the power to act on my behalf in seeking medical attention for my child(ren).

Print Child(ren)'s Name(s) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of an emergency where hospital care is needed, your child/ren will be transported to: Frankfort Regional Medical Center, 299 Kings Daughters Dr., Frankfort, KY 40601. Phone: 502-875-5240

**Initial for approval to transport to Frankfort Regional Medical Center**

If you would like your child/ren transported to a different hospital, please list facility name, address, and phone number:

\_\_\_\_\_

**Medical Insurance Information:**

Name on Card \_\_\_\_\_ Name of Carrier \_\_\_\_\_  
ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Medical and/or Special Conditions/Allergies/Medications:**

\_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

*Note: Current immunization certificates must be submitted to the school.*

**Please list at least one OTHER person to contact in the event of an emergency in which neither parent/guardian can be reached by phone. (Do NOT list parent/guardian here.)**

**Emergency Contact Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship to child/ren** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Relationship to child/ren** \_\_\_\_\_

**Please list the names of any other people authorized to pick up your child/ren from school:**

