



**FIRST GOOD SHEPHERD**  
Lutheran Church and School

Receipt # \_\_\_\_\_

301 S. Maryland Parkway  
Las Vegas, NV, 89101  
Phone: (702) 382-8610  
Fax: (702) 382-4168  
E-mail: dsimkins@fgslc.org  
Website: www.fgsls.org  
Deborah Simkins, School Admin

# 2019-20

## Enrollment Application - Kindergarten through Grade 6

I wish to enroll the following children in F.G.S.L.S.:

Start Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
                                First                                Middle                                Last

Grade 2019/20: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: (Check all that apply)  Asian  Black/African American  American  
 Caucasian  Filipino  Hispanic/Latin  Pacific Islander  Native American

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
                                First                                Middle                                Last

Grade 2019/20: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: (Check all that apply)  Asian  Black/African American  American  
 Caucasian  Filipino  Hispanic/Latin  Pacific Islander  Native American

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
                                First                                Middle                                Last

Grade 2019/20: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: (Check all that apply)  Asian  Black/African American  American  
 Caucasian  Filipino  Hispanic/Latin  Pacific Islander  Native American

Father's Name: \_\_\_\_\_ Is father living? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Is mother living? \_\_\_\_\_

Stepfather's or Stepmother's Name(s): \_\_\_\_\_

**Address and names of adults with whom the student(s) lives:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number & Street                                City & State                                Zip Code

Home Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Business Phone (Father): \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone (Mother): \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Church Membership At: \_\_\_\_\_

\*\*\*\*\* (OVER PLEASE) \*\*\*\*\*

**Emergency Contacts/Pick Up - (other than parents)**

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

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

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

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

I am applying for enrollment for my child, desiring the spiritual blessing to be derived from a Christ-centered elementary school education. Therefore, I pledge myself to the following...

- To help support the school financially.
- To assume responsibility of seeing that my child's assigned homework is completed.
- To cooperate in all school programs.
- To submit a health certificate of my child if requested.
- To submit a birth certificate and immunization record of my child.
- To submit to special testing for proper placement.

Please state on the line below why you wish to have your child(ren) attend this school:

\_\_\_\_\_

My signature to this application is my sincere pledge to cooperate with all of the above mentioned statements.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Parent or Guardian Signature

**Please Note:** The registration fee for each student is **\$400.00**. The registration fee is to be paid directly to First Good Shepherd Lutheran School. The registration fee is **non-refundable** unless your child's enrollment is not accepted.

All new enrollees are accepted on a first come, first served basis with priority given to members of First Good Shepherd Lutheran Church.

<b>Schedule of dates for <u>First</u> Tuition Payment</b>			
<b>12 Month Plan</b>	<b>11 Month Plan</b>	<b>10 Month Plan</b>	<b>9 Month Plan</b>
<b>June 1, 2019</b>	<b>July 1, 2019</b>	<b>August 1, 2019</b>	<b>On or before September 1, 2019</b>

First Good Shepherd Lutheran School is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provision of the Private Elementary and Secondary Education Authorization Act.