



# Good Shepherd Cathedral School

A PAASCU Level II – Accredited Catholic Educational Institution  
Omega Ave. cor. Rado St., Fairview Park, Quezon City 1118

**Email Address:**

gscs.guidance@gmail.com  
gscs.guidance2@gmail.com

Telephone Nos.: 7757-4163 | 7621-9062

## APPLICATION FORM (for New Students / Transferees only)

Incoming Grade Level: \_\_\_\_\_ Name of Previous School: \_\_\_\_\_

For **Grade 11 applicants**, please check (✓) the learner's preferred strand:

- \_\_\_\_\_ Science, Technology, Engineering, and Mathematics (STEM)
- \_\_\_\_\_ Humanities and Social Sciences (HUMSS)
- \_\_\_\_\_ Accountancy, Business, and Management (ABM)

For **Pre-Kinder and Kinder applicants**, please check (✓) your preferred schedule\*:

For Pre-Kinder Applicants:	For Kinder Applicants:
_____ Morning Shift (7:20 AM – 9:20 AM)	_____ Morning Shift (7:20 AM – 10:20 AM)
_____ Mid-Morning Shift (10:00 AM - 12:00 NN)	_____ Mid-Morning Shift (11:00 AM - 2:00 PM)
	_____ Afternoon Shift (1:00 PM – 4:00 PM)

\*Note: Schedules provided are tentative and still subject to adjustments.

For **Grades 8 to 11 applicants**, kindly indicate whether the learner is an **Education Service Contracting (ESC)** grantee:

\_\_\_\_\_ Yes, the applicant is an ESC grantee. \_\_\_\_\_ No, the applicant is not an ESC grantee.

Name of Learner: \_\_\_\_\_  
(Last Name) (Given Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cellphone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Cellphone No: \_\_\_\_\_

Guardian's Name (if there's any): \_\_\_\_\_ Relationship to the Learner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Landline Number: \_\_\_\_\_ Parent's Email Address (required): \_\_\_\_\_

**How did you learn about our school? Please check (✓) all items that apply:**

\_\_\_\_\_ from a relative or friend \_\_\_\_\_ flyers / posters \_\_\_\_\_ Others (please specify):  
 \_\_\_\_\_ social media posts \_\_\_\_\_ church announcements \_\_\_\_\_

If referred, kindly indicate the name of the referrer: \_\_\_\_\_

### HEALTH / MEDICAL INFORMATION

- Does the applicant require attention/support in consideration to his/her academic learning?  
 \_\_\_\_\_ No.  
 \_\_\_\_\_ Yes. (Kindly provide brief details.) \_\_\_\_\_
- List any health or medical condition/s which should be taken into consideration while enrolled in GSCS. Please indicate N/A if not applicable.  
 \_\_\_\_\_

*Note: If applicable, please attach necessary medical certificate or psycho-educational assessment.*

### REASON/S FOR TRANSFERRING / ENROLLING IN GSCS

*Please check (✓) all items that apply.*

- |   |   |
|---|---|
| _____ quality of education and excellent standard       | _____ sibling/relative already enrolled in GSCS |
| _____ Catholic school / values formation                | _____ school environment and facilities         |
| _____ affordability / financial consideration           | _____ dissatisfaction with previous school      |
| _____ transfer of residence / accessibility of location | _____ others (pls. specify) _____               |

### TERMS OF TEMPORARY ENROLLMENT

In reference to DepEd Order No. 03, s. 2018, enrollment will only become official upon submission of the following requirements and payment of prescribed school fees:

- Original and Final Progress Report Card / School Form 9
- Certificate of Good Moral Character (for Grades 2 to 11 applicants only)
- Photocopy of PSA Birth Certificate
- Other documents that may be required upon evaluation
- 2x2 ID photo in white background

*Conforme:*

\_\_\_\_\_  
Parent's / Guardian's Signature over Printed Name