

GOOD SHEPHERD EPISCOPAL SCHOOL
SCHOOL YEAR 2009-2010
CLASS REGISTRATION

Child's Name _____

Male/Female _____

Age as of Sept. 1, 2009 _____ Birthdate _____

Parents' Name _____

Address _____

City _____

Zip Code _____ E-Mail _____

Home Phone _____ Cell Phone _____

Returning student? _____ Member of Good Shepherd? _____

Sibling of a Former Student? _____

Days and Time of class requested: _____

Please Note: All registration fees are non-refundable.

Good Shepherd Episcopal School
2929 Woodland Hills Drive
Kingwood, Texas 77339
(281) 359-1895

Office Use Only

Date of registration _____ *Fee Paid* _____ *Check No.* _____

Class Assignment _____ *KEEP* _____ *Ext Day* _____

MDO Assignment _____