

**Good Shepherd Evangelical Lutheran School  
Partnership Agreement**

Upon signing this agreement I agree to abide by the following applicable provisions:

1. I will thoroughly read the School Handbook.
2. I will submit the completed medical forms from my child's annual physical exam showing evidence of completed immunizations as outlined in the handbook
3. I will pay fees promptly on the dates outlined in the fee schedule.
4. Prior to volunteering for any unsupervised contact with children in the school I will answer the following screening questions with a **yes** or **no** as required by state licensing regulations.

\_\_\_\_\_ Have you ever been convicted of an offense for other than a minor traffic violation?

\_\_\_\_\_ Have you ever been involved in the abuse or neglect of children?

**(If you answered yes to either of the above questions, a follow-up form will be provided.)**

**Parent, Legal Guardian or Responsible Adult**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Children

**Witness for Good Shepherd Evangelical Lutheran School**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title