

# Immaculate Conception



60+ years of quality  
Catholic education  
\*\*\*Please Print\*\*\*

## Immaculate Conception Catholic School

### New Student Enrollment Application

PreKindergarten 3-Grade 8

A child entering must be of age for Preschool or  
Kindergarten grade level on or before September 1

Today's Date: \_\_\_/\_\_\_/\_\_\_ Elementary Grade applying for: \_\_\_\_\_  
Preschool 3: 3 day or 5 day  
Preschool 4: 3 day or 5 day

#### Student Information:

Sex: Male Female

Name \_\_\_\_\_  
Last First Middle (Preferred Name)

Address \_\_\_\_\_  
No. Street Apt. # City State ZipCode

Birth Date \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Home Phone # \_\_\_\_\_

Religion \_\_\_\_\_ / \_\_\_\_\_  
Parish/Church

Baptism Date \_\_\_/\_\_\_/\_\_\_ Church&Address \_\_\_\_\_ / \_\_\_\_\_

Reconciliation Date \_\_\_/\_\_\_/\_\_\_ Church&Address \_\_\_\_\_ / \_\_\_\_\_

1st Communion \_\_\_/\_\_\_/\_\_\_ Church&Address \_\_\_\_\_ / \_\_\_\_\_

Race: (circle) Asian American Indian Black/AfricanAmerican Native Hawaiian White Multi Racial \_\_\_\_\_

Ethnicity: (circle) Hispanic-Latino Non-Hispanic

Languages spoken in the home: (circle) English Spanish Other (specify) \_\_\_\_\_

Does your child have any medical issues that IC School needs to know about? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child ever been evaluated for any special needs? (IEP's, 504 Plan etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child ever been diagnosed with: \_\_\_\_\_ ADD \_\_\_\_\_ LD \_\_\_\_\_ ADHD \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ ASD \_\_\_\_\_ Speech Impairment \_\_\_\_\_ Hearing Impairment

Is your child receiving any special assistance or support services at this time? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Family Information:**

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Father's Home Address \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Place of Business \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Father's email address \_\_\_\_\_

Mother's email address \_\_\_\_\_

I.C. Graduate: YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

I.C. Graduate: YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

**Check all applicable:**    \_\_\_ Lives w/Both Parents  
                                  \_\_\_ Lives w/Guardian(s)  
                                  \_\_\_ Mother remarried  
                                  Other \_\_\_\_\_

                                  \_\_\_ Lives w/Mother  
                                  \_\_\_ Parents divorced  
                                  \_\_\_ Father remarried

                                  \_\_\_ Lives w/Father  
                                  \_\_\_ Parents separated

**Guardian or Stepparent Information:**

Stepfather's Name \_\_\_\_\_

Stepmother's \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Place of Business \_\_\_\_\_

Business Phone # (    ) \_\_\_\_\_

Business Phone # (    ) \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Stepfather's email address \_\_\_\_\_

Stepmother's email address \_\_\_\_\_

I.C. Graduate: YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

I.C. Graduate: YES \_\_\_ NO \_\_\_ YEAR \_\_\_\_\_

**FINANCIAL RESPONSIBLE PARTY:** \_\_\_\_\_

**FINANCIAL PARTY'S EMAIL:** \_\_\_\_\_

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL OF HIS/HER EDUCATION RECORDS.**

**SIBLINGS**

**AGE/GRADE**

**SCHOOL ATTENDING**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Paternal** Grandparents \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
No. Street Apt. # City State ZipCode

**Maternal** Grandparents \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
No. Street Apt. # City State ZipCode

**Name of Present School:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_  
No. Street Apt. # City State ZipCode

Has your child previously applied or been enrolled at Immaculate Conception Catholic School? YES \_\_\_\_\_ NO \_\_\_\_\_

Did your child attend a Catholic School or Religious Ed. Program last year? YES \_\_\_ at \_\_\_\_\_ NO \_\_\_\_\_

Please share with us why you wish to apply to Immaculate Conception Catholic School? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If referred, name of IC family:* \_\_\_\_\_

- THE STUDENT’S LAST REPORT CARD, STANDARDIZED TEST SCORES, AND ACADEMIC/ BEHAVIORAL EVALUATIONS MUST ACCOMPANY THIS APPLICATION.**
- A BAPTISMAL, BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST BE SUBMITTED FOR ALL NEW CATHOLIC STUDENTS.***
- A BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST BE SUBMITTED FOR ALL NEW NON-CATHOLIC STUDENTS.**
- FINANCIAL AID/SCHOLARSHIP INFORMATION CAN BE DISCUSSED AFTER ACCEPTANCE.***
- FAILURE TO PAY TUITION AND FEES BY THE DUE DATES MAY RESULT IN LATE FEE CHARGES AND/OR REMOVAL OF STUDENT FROM SCHOOL. TUITION AND FEES ARE NOT PRO-RATED.***
- TUITION COST OCCURS FOR ANY DAY ATTENDED IN THAT MONTH.***

ALL APPLICATIONS ARE REVIEWED BY THE PASTOR AND THE PRINCIPAL. PARENTS WILL RECEIVE WRITTEN NOTIFICATION OF THE FINAL DECISION.

**I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in Immaculate Conception Catholic School.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*

**For office use only:**

Application Fee Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check # \_\_\_\_\_ Principal Approval \_\_\_\_\_

Acceptance letter sent \_\_\_\_\_ Student ID # \_\_\_\_\_ Start Date \_\_\_\_\_