



60+ years of quality
Catholic education
Please Print

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 _____

Mother's email _____

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 Name _____

Cell # _____

Cell # _____

Home Address _____

Home Address _____

Occupation _____

Occupation _____

Place of Business _____

Place of Business _____

Business Phone # _____

Business Phone # _____

Religion _____

Religion _____

Stepfather's email _____

Stepmother's email _____

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:
Enrollment Fee Paid ____ / ____ / ____ Check # _____ Principal Approval _____

Acceptance letter sent _____ Student ID # _____ Start Date _____