

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 _____

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 _____

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 _____

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

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 _____