

Immaculate Conception School Registration Form 2011/2012

Registration Fee: \$ 250.00 per family
(REGISTRATION FEES ARE NON-REFUNDABLE)

Nursery: 2 Day-AM _____ Full Day _____ 3 Day-AM _____ Full Day _____ 5 Day-AM _____ Full Day _____	Pre-Kindergarten: 5 Day – AM _____ 5 Day – Full Day _____
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Kindergarten: _____ Grade 1 _____ Grade 2 _____ Grade 3 _____ Grade 4 _____	Grade 5 _____ Grade 6 _____ Grade 7 _____ Grade 8 _____
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BOY: _____ GIRL: _____

PLEASE FILL PRINT AND ANSWER ALL QUESTIONS.

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Apt# _____ City _____

Sate: _____ Zip Code: _____ Home Phone: _____

Place of Birth: _____ Date of Birth _____

Language of Child: _____ Language Spoken at Home: _____

 _____ Check here if parents are separated or divorced
 If separated or divorced with whom does the child live? _____

Parent Information:

Father: _____ Living _____ Deceased Father Employed By: _____

Full Name: _____ Company Name: _____

Address: _____ Address: _____

Religion: _____ Phone: _____

Place of Birth: _____ Email: _____

Father's Cell Phone#: _____

Mother: _____ Living _____ Deceased Mother Employed By: _____

Full Name: _____ Company Name: _____

Address: _____ Address: _____

Religion: _____ Phone: _____

Place of Birth: _____ Email: _____

Mother's Cell Phone#: _____

If Legal Guardian is someone other than parent:

Name of Legal Guardian: _____ Relationship _____

Over.....

List Names of Other Children: _____ Date of Birth: _____ School Attending, if any: _____

Sacraments Received by Child Already (Please provide certificates or written proof):

Name of Church: _____ Location: _____ Date: _____
 Baptism _____
 Communion _____
 Penance _____
 Confirmation _____

Education:

Did your child ever attend Immaculate Conception School? Yes _____ No _____
 Did you ever register before? Yes _____ No _____
 What school does your child attend now? _____
 Address _____
 List other schools your child attended, give grades or dates;
 School _____ Location _____ Grades or Dates _____

 Has your child ever repeated a grade? Yes _____ No _____ If yes, what grade _____
 Has your child been tested for special placement? Yes _____ No _____
 Has this been suggested? Yes _____ No _____
 Did or does your child attend: Our Lady's Preschool? Yes _____ No _____
 C.C.D.? Yes _____ No _____ How long? _____ Last Grade Attended? _____

Parish Membership

Affiliation: With what Catholic Parish are you affiliated? _____
 How long have you lived in this Parish? _____
 Are you an active and Registered member? _____

If yes, what is your Sunday envelope account number? _____ (Please attach one of your Sunday envelopes)

 Where did you hear about Immaculate Conception School?

 By signing this form, I agree to the fees presented on the Tuition Payment Schedule listed on the Registration Fact Sheet, to meet all my financial obligations, to keep my payments up-to-date for the 2011-2012 school year, to pay fines for late payments or returned to attend Parent-Teacher conferences and Home School Association meetings. I understand that my tuition must be kept up-to-date and that if I miss 3 consecutive payments, I will be asked to remove my child from the school. I also understand that families who do not participate in three mandatory fundraisers may be subject to a penalty of \$ 50.00 per campaign, per child.

Mother's Signature: _____ Date: _____
 Father's Signature: _____ Date: _____

For Office Use Only: Amount Paid _____ Check _____ or Money Order _____ Date Paid _____
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