



IMMACULATE CONCEPTION SCHOOL
REGISTRATION FORM

Preschool 3/4 : 3 day or 5 day K 1 2 3 4 5 6 7 8 Date of Registration _____

STUDENT INFORMATION

Student's Legal Name: _____
First Middle Last Nickname

Street Address: _____ City: _____ Zip Code: _____

Mailing Address (if different from above): _____

Phone Number: _____ E-mail (to be used for school communication):

Public School District in which student resides: _____ County of Residence:

Birthdate: ____/____/____ Birthplace City/St : _____ Gender: _____ Age:

Month Day Year

U.S. Citizen: Yes No Native Language: _____ Religion/Parish Registered: _____ -

Race (Check One):

- Asian
- Black
- American Indian or Alaskan Native
- White
- Native Hawaiian or Pacific Islander
- Multi-Racial

Ethnicity (Check

One):

- Hispanic Origin
- Not Hispanic Origin

Sacramental

Information (List Date and Church):

Baptism: _____

Eucharist: _____

Penance: _____

PARENTS AND/OR GUARDIANS

Student Resides With: Both Biological/Adoptive Parents Father Only Mother Only Grandparents
 Father/Stepmother Mother/Stepfather Foster Family Guardian Other

Marital Status of Parents: Single Married Separated Divorced Remarried Widowed

**If Divorced, Remarried, Separated or Single, please indicate who is responsible for the tuition for the student(s)?*

Father ____% Name _____ Mother ____% Name _____ Other ____%
Name _____

Biological/Adoptive Parent Information (required)

Mother's Name: _____ Lives with Student:

Yes No

First Middle Last Maiden

Mailing Address (if different): _____
Street City State Zip

Phone Numbers: Home: _____ Work: _____ Cell: _____ E-mail: _____

Place of Employment/Occupation: _____ Religion/Parish

Registered: _____

Spouse (if applicable): Name: _____ Phone Numbers: Work: _____ Cell: _____

Father's Name: _____ Lives with Student:

Yes No

First Middle Last

Mailing Address (if different): _____
Street City State Zip

Phone Numbers: Home: _____ Work: _____ Cell: _____ E-mail: _____

Place of Employment/Occupation: _____ Religion/Parish

Registered: _____

Spouse (if applicable): Name: _____ Phone Numbers: Work: _____ Cell: _____

If the student is NOT living with both parents, is there a temporary or permanent custody order/decreed allocating parental rights and responsibilities? Yes No **If yes, a certified copy of the custody order must be provided yearly.**

Would the non-custodial/non-residential parent like to receive school correspondence? Yes No

Legal Guardian/Foster Parent/Grandparent/Other Information (if applicable)

Name: _____ Lives with Student: Yes No

First Middle Last

Mailing Address (if different): _____
Street City State Zip

Phone Numbers: Home: _____ Work: _____ Cell: _____ E-mail: _____

If the student is placed with a legal guardian/foster parent or residing with a grandparent(s), legal documents which declare placement must be provided to the school.

Revised 02/18
(over)

ALTERNATE EMERGENCY CONTACT (Other than Parents)

In case of emergency or school closure, please provide us with names, addresses and phone numbers of contacts if the school cannot contact you. (Must be local)

Emergency Contact #1

Name	Relationship to student	Approved Pick-Up (Y/N)	Address	Phone Numbers *Please indicate if Home(H)/Cell(C)/Work(W)

Emergency Contact #2

Name	Relationship to student	Approved Pick-Up (Y/N)	Address	Phone Numbers *Please indicate if Home(H)/Cell(C)/Work(W)

NEW STUDENTS ONLY

Name of School: _____	Grade Level at Transfer: _____
Address: _____	
Street	City
State	Zip
Phone Number: _____	Fax Number: _____
<p>Is this child currently receiving any special education programs or services: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please check the following:</p> <p><input type="checkbox"/> Autism <input type="checkbox"/> CD - Cognitive Disability <input type="checkbox"/> Deafness - Hearing Impairment <input type="checkbox"/> ED – Emotional Disturbance</p> <p><input type="checkbox"/> MD – Multiple Disabilities <input type="checkbox"/> OH – Orthopedic Handicap <input type="checkbox"/> OHI – Other Health Impaired</p> <p><input type="checkbox"/> SLD – Specific Learning Disability <input type="checkbox"/> Speech/Language <input type="checkbox"/> TBI – Traumatic Brain Injury</p> <p><input type="checkbox"/> VI – Visually Impaired</p> <p>Is this child currently on a 504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this child have an IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this child had an IEP in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this child been referred for a speech, hearing, orthopedic or cognitive evaluation at any time in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Please let us know how you heard about our school:	
<p>Are there any unpaid fines or fees at your child’s previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this student previously attended Immaculate Conception School? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
A COPY OF STUDENT BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENTATION IS REQUIRED FOR ALL STUDENTS.	

SIGNATURE REQUIRED: I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information. My signature verifies that I have/will share all available education and medical information (I.E.P.’s, diagnostic testing, etc.) concerning my child in order to ensure a successful school experience. My signature also indicates that I agree to abide by Immaculate Conception School’s policies, procedures, and guidelines. I understand the terms of this agreement as they regard the payment of registration, tuition, and other fees. Failure to abide by these agreements may result in the withdrawal of my child from Immaculate Conception School.

Parent/Guardian
Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

___ Birth Certificate	___ Immunization Record	___ Registration Fee Paid
___ Baptism Certificate	___ Emergency Card	___ Cash ___ Check:#: _____
___ EdChoice	___ JPSN	Revised 02/18
___ Proof of Custody	___ Record Transfer	___ Option C

Immaculate Conception School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.