



IMMACULATE CONCEPTION SCHOOL
REGISTRATION FORM

Preschool: 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: _____

NEW STUDENTS ONLY

Name of School: _____ Grade Level at Transfer: _____

Address: _____
Street City State Zip

Phone Number: _____ Fax Number: _____

Is this child currently receiving any special education programs or services: Yes No

If Yes, please check the following:

- Autism CD - Cognitive Disability Deafness - Hearing Impairment ED - Emotional Disturbance
- MD - Multiple Disabilities OH - Orthopedic Handicap OHI - Other Health Impaired
- SLD - Specific Learning Disability Speech/Language TBI - Traumatic Brain Injury
- VI - Visually Impaired

Is this child currently on a 504 Plan: Yes No

Does this child have an IEP: Yes No

Has this child had an IEP in the past: Yes No

Has this child been referred for a speech, hearing, orthopedic or cognitive evaluation at any time in the past: Yes No

Please let us know how you heard about our school:

Are there any unpaid fines or fees at your child's previous school? Yes No

Has this student previously attended Immaculate Conception School? Yes No

A COPY OF STUDENT BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENTATION IS REQUIRED FOR ALL STUDENTS.

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.

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 <small>*Please indicate if Home(H)/Cell(C)/Work(W)</small>

Emergency Contact #2

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

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
 Baptism Certificate Emergency Card JPSN EdChoice
 Proof of Custody Record Transfer Option C

Registration Fee Paid
 Cash Check:#: _____

Revised 02/19

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.