



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): Ethnicity (Check One): Sacramental Information (List Date and Church):
 Asian Hispanic Origin Baptism: _____
 Black Not Hispanic Origin Eucharist: _____
 American Indian or Alaskan Native Penance: _____
 White
 Native Hawaiian or Pacific Islander
 Multi-Racial

PARENTS AND/OR GUARDIANS

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)?

Name _____ % Name _____ % Name _____ %

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.

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.

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

Parent/Guardian Information (required)

Name: _____ Lives with Student: Yes No
First Middle Last Maiden

Relationship to student: Father Mother Step-Father Step-Mother Grandfather Grandmother Guardian

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

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

Name: _____ Lives with Student: Yes No
First Middle Last Maiden

Relationship to student: Father Mother Step-Father Step-Mother Grandfather Grandmother Guardian

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

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

Name: _____ Lives with Student: Yes No
First Middle Last Maiden

Relationship to student: Father Mother Step-Father Step-Mother Grandfather Grandmother Guardian

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

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

ALTERNATE EMERGENCY CONTACT (Other than Parents/Guardians)

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 Contacts

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

TRANSFERS 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 EVERY STUDENT’S BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENTATION IS REQUIRED

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 JPSN EdChoice Cash Check:#: _____
 Proof of Custody Record Transfer Option C

Revised 10/19

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.