



Immaculate Conception School Registration Form



PLEASE COMPLETE IN BLUE OR BLACK INK

Student Information			
Full First Name:	Middle Name:	Last Name:	
Goes by:	D.O.B.:	Gender:	
Address:		City:	Zip:
Phone:	Birth City, State:	SSN#:	
Religion:	Parish:	Grade Entering:	
Race (you are not required to answer this): <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Asian <input type="radio"/> Black		<input type="radio"/> Hispanic <input type="radio"/> Multiracial <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White	

Previous Schools			
School	Grade Completed	Address	City, State

Parent Information	
Father's Name:	Mother's Name:
Address:	Address:
City, State Zip:	City, State Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Religion:	Religion:
Parish:	Parish:
Birth City, State:	Birth City, State:
Occupation:	Occupation:
Place of Employment:	Place of Employment:

Immaculate Conception School uses email as its primary form of communication. We require that each family submit at least one email address. We can accept as many as TWO per parent.

Father #1

Father #2

Mother #1

Mother #2

Home Status

Parents are (CHECK ALL THAT APPLY):

- Married
- Separated
- Divorced

- Single
- Mother Deceased
- Father Deceased
- Other _____

Custodial Parent (if divorced or separated) _____

(Immaculate Conception is required to have on file a copy of the custodial orders)

If separated or divorced, do you wish school mailings to be sent to both parents? (Circle one) Yes/ No

Sacraments

	Date	Church	City	State
Baptism				
Eucharist				
Confirmation				

For Office Use Only (Please do not mark in this box)

- | | |
|--|---|
| <input type="radio"/> Registration Fee | <input type="radio"/> Baptismal Certificate |
| <input type="radio"/> Custody Orders (if applicable) | <input type="radio"/> Other _____ |
| <input type="radio"/> Birth Certificate | Date Received _____ |