



Immaculate Conception School

Grade for
September _____

New Student Registration: Pre-Kindergarten – 8th Grade – 2012-2013

Student Information

Last Name _____ First _____ Middle Initial _____

Street _____ City/State _____ Zip Code _____

Telephone () _____ Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church _____ City/State _____

Date of First Communion _____ Church _____ City/State _____

Transferred from (Name of School) _____

Street _____ City/Town _____ Zip Code _____

Parent Information

Father's Last Name _____ First _____

Place of Birth _____ E-mail Address _____

Mother's First Name _____ Mother's Last Name (if different from student) _____

Maiden _____

Place of Birth _____ E-mail Address _____

Other Information

Student's Religion _____ Mother's Religion _____ Father's Religion _____

Parish attending _____ Envelopes used Yes _____ No _____

REGISTRATION AGREEMENT

At the time of *acceptance* I agree to the following requirements:

- a) A \$200 registration fee . which becomes NON REFUNDABLE
- b) To meet the Tuition Plan Agreement
- c) To participate actively in the fundraising events of the school

A Tuition Plan Agreement payment preference form is attached. Please note the Registration Fee is in addition to tuition.

Parent/Guardian's Signature _____ Date _____