



APPLICATION FOR ADMISSION

Immaculate Conception

Catholic Regional School

Date of Application: _____ For School Year: 20____ - 20____ Entering Grade: _____

Child's Name: _____ Male__ Female__
Last First Middle

Child's Address: _____
Street City Zip

Child Resides With: ___Both Parents ___Mother ___Father ___Other: _____

Child has a Sibling Enrolled in the School: ___No ___Yes (Please Specify): _____

Child's Date of Birth: _____

Guardian 1: _____ Relationship to Child: _____
Last First

Home Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

E-Mail: _____

Guardian 2: _____ Relationship to Child: _____
Last First

Home Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

E-Mail: _____

Child's Present School: _____

School(s) Previously Attended: _____
Name City/State

Name City/State

Name City/State

Child's Family is Activity Enrolled in a Parish: ___No ___Yes (Parish Name): _____

Sacramental Life of the Child (if Catholic)

Baptism Date: _____ Parish: _____

Holy Communion Date: _____ Parish: _____