

IMMACULATE CONCEPTION SCHOOL

218 East Merrimack Street
Lowell, MA 01852

PRE K4 REGISTRATION 2009-2010

Please Print Clearly.....

FAMILY NAME _____ Tel # _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

STUDENT NAME _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church _____ CityState _____

MOTHER _____ Maiden Name _____

Address / Phone if different _____

Date & Place of Birth _____

Place of Employment _____ Tel # _____

FATHER _____

Address / Phone if different _____

Date & Place of Birth _____

Place of Employment _____ Tel # _____

For Office Use Only:

Registration Fee Received _____

Deposit Received _____

Birth Certificate Received _____

Baptismal Certificate Received _____

Immunization Record Received _____

Physician's Medical Report Received _____