

IMMACULATE CONCEPTION SCHOOL

218 East Merrimack Street
Lowell, MA 01852
REGISTRATION Grades 1 - 8
2009-2010

Please Print Clearly.....

FAMILY NAME _____ Tel # _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

STUDENT NAME _____ Grade entering _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church _____ City/State _____

Date of First Communion _____ Church _____ City/State _____

School last attended _____

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 # _____

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For Office Use Only:

Registration Fee Received _____	Deposit Received _____
Birth Certificate Received _____	Book Fee Received _____
Baptismal Certificate Received _____	
Immunization Record Received _____	
School Record Request Received _____	
Copy of Latest Report Card Received _____	