

IMMACULATE CONCEPTION SCHOOL
REGISTRATION FOR RETURNING FAMILIES
2009-2010

FAMILY NAME _____

The following students will be returning to Immaculate Conception School:

Name _____ Grade 2009-2010 _____

Name _____ Grade 2009-2010 _____

Name _____ Grade 2009-2010 _____

Name _____ Grade 2009-2010 _____

The following students will be ENTERING Immaculate Conception School as new students – Please indicate Pre-K, Kindergarten, or Grade 1-8.

Name _____ Grade 2009-2010 _____

Name _____ Grade 2009-2010 _____

Please complete below and return to the school office NO LATER THAN February 13, 2009. A non-refundable Family Registration Fee of \$75.00 is required at the time of registration.

Father/Guardian _____ Mother/Guardian _____

Street _____

City, State, Zip _____

Tel # _____

E-Mail Address _____

For Office Use Only:

Registration Fee Paid – Date _____ Check # _____

Deposit Paid – Date _____ Check # _____

Book Fee(s) Paid – Date _____ Check # _____