

IMMACULATE CONCEPTION SCHOOL

218 East Merrimack Street
Lowell, MA 01852
REGISTRATION Grades 1 - 8
2010-2011

Please Print Clearly.....

Today's Date _____

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 # _____

For Office Use Only:

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

Deposit Received _____
Book Fee Received _____