



IMMACULATE CONCEPTION SCHOOL
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Parent response form

WE (Parent/Guardian/Students- please print names:

_____ **HAVE READ THE STUDENT
 HANDBOOK OF THE IMMACULATE CONCEPTION SCHOOL. WE AGREE TO
 FOLLOW THE DIRECTIVES PUT FORTH IN THE HANDBOOK.**

**PARENT/GUARDIAN
 SIGNATURES**_____

STUDENT SIGNATURES_____

DATE _____

PLEASE RETURN THIS FORM TO SCHOOL