

IMMACULATE CONCEPTION SCHOOL
REGISTRATION FOR RETURNING FAMILIES
2012-2013

FAMILY NAME _____

The following students will be returning to Immaculate Conception School:

Name _____ Grade 2012-2013 _____

Name _____ Grade 2012-2013 _____

Name _____ Grade 2012-2013 _____

Name _____ Grade 2012-2013 _____

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

Name _____ Grade 2012-2013 _____

Name _____ Grade 2012-2013 _____

Please complete below and return to the school office **NO LATER THAN JANUARY 24, 2012**. 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 # _____