



Immaculate Conception School Family Registration Form 2023-2024

School Year: 2023/2024 Family Last Name: _____ New Family Returning family
Family Religious Affiliation: _____ Parish: _____ Catholic Non-Catholic

All information must be filled out. (2 sided form)

Students Name _____ Age as of 9/1/2023 _____ Grade as of 9/1/2023 _____

Date of Birth _____ M ___ F ___ Place of Birth _____

Date of Baptism _____ Church _____ State _____

Parental Status: Married Separated Divorced Remarried Single Widow/Widower Other

Students Live With: Both Parents/Guardian Mother Father Mother/Stepfather
 Father/Stepmother Grandparents Other

Language spoken at home: English Spanish Other: _____

Fill in the address of the person/s with whom the student lives.

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email Address _____ Add Email to Constant Contact

Parent 1
 Name: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Call First
 Bus. Phone: _____
 Parent 1 Email: _____
 Add Email to Constant Contact
 Religion: _____
 Maiden Name: _____

Parent 2
 Name: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Call First
 Bus. Phone: _____
 Parent 2 Email: _____
 Add Email to Constant Contact
 Religion: _____
 Maiden Name: _____

Race/Ethnicity (Please check only one)

Hispanic/Latino

- White
- Black/African American
- Hawaiian/Pacific Islands
- Asian
- American Indian
- Multi-Racial
- Unknown

Non-Hispanic/Latino

- White
- Black/African American
- Hawaiian/Pacific Islands
- Asian
- American Indian
- Multi-Racial
- Unknown

Transportation (other than parent/guardian)

List anyone else who may pick up your students.

Name	Phone Number

Emergency Contact

List persons who can be contacted in case of an emergency if Parent/Guardian is not available.

Name: _____

Phone: _____

Name 2: _____

Phone2: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

Health Concerns _____

If a second family should receive information from the school, enter that information below.

Name: _____ Relationship to Student: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Comments: Enter any additional comments about your family you feel the school should have.

In the event of an extreme medical emergency, the school will call 911 and your child will be transported to the nearest Emergency Room for treatment. We will then notify the Parent/Guardian. Parents/Guardians are responsible for the cost of transporting and treating a student. The Nurse's discretion is used or a school representative when determining the best course of action.

Parent Signature

Date _____

For Office Use Only:

Date Received: _____

Received By: _____

Birth Certificate Received _____

Baptismal Certificate Received _____

Immunization Records Received _____

Physician's Medical Report Received _____

Registration Fee Paid: _____ CK# _____ Cash _____

Book Fee Paid: _____ Ck# _____ Cash _____

Grade 1-8 Only

Copy of Latest Report Card Received _____

Record Release Form Received _____

Kindergarten Only

Pre K Report Card Received _____

Pre K Teacher Info Form Received _____

