



Immaculate Conception School Family Re-Registration Form 2023-2024

School Year: 2023/2024 Family Last Name: _____ Returning Family Not Returning

Family Religious Affiliation: _____ Parish: _____ Catholic Non-Catholic

If you have a New Student, send in a copy of their Birth Certificate, Baptism Certificate (if applicable), Physical and Immunizations.

1st Student's Name _____ DOB _____ Grade _____ Health Issues _____

2nd Student's Name _____ DOB _____ Grade _____ Health Issues _____

3rd Student's Name _____ DOB _____ Grade _____ Health Issues _____

4th Student's Name _____ DOB _____ Grade _____ Health Issues _____

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

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

Primary Language Spoken at Home: English Spanish Other: _____

Fill in the address of the person/s with whom the students live.

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

Home Phone: _____ Main Phone # _____ Other Phone: _____

Email Address: _____

We have moved. Please update our address.

Parent 1

Name: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Call First

Bus. Phone: _____

Parent 1 Email: _____

Please Update Email

Religion: _____

Maiden Name: _____

Parent 2

Name: _____

Occupation: _____

Employer: _____

Cell Phone: _____

Call First

Bus. Phone: _____

Parent 2 Email: _____

Please Update Email

Religion: _____

Maiden Name: _____



Race/Ethnicity (Please Check Hispanic or Non-Hispanic)

Hispanic

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

Non-Hispanic

- 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.

Name1: _____

Phone1: _____

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/s: _____

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 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: _____

Registration Fee Paid: _____

Received By: _____

Check # _____ Cash _____

