



2024-2025 New Student Application for Admission

Student Information – PLEASE PRINT LEGIBLY

Please circle the grade for which you wish to apply:

PS* PK* K*** 1 2 3 4 5 6 7 8

*Child must be 3 years old by August 31, 2024. **Child must be 4 years old by August 31, 2024.

***Child must be 5 years old by August 31, 2024.

Student Name:

Last Name First Name Middle Name

Date of birth: ____/____/____ Place of birth: _____ Gender: Male Female
Mo/Day/Year (circle one)

Home Telephone: _____ Race/Ethnicity: _____ Primary Language Spoken at home: _____

Previous School: _____ Grade: _____

Student Address:

Street Apt. # City State Zip

Religion: _____ Date of Baptism: _____ Church: _____

Date of 1st Communion: _____ Church: _____

With whom does the student live? Both parents ____ Birth mother ____ Birth Father ____ other ____

Family Information

Guardian 1:

Legal Name: _____ Relationship to student: _____

[] Same as student's address.

Address:

Street Apt.# City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Religion _____

Guardian 2:

Legal Name: _____ Relationship to student: _____

[] Same as student's address.

Address:

Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Religion _____

(Continued on back)



Are there other siblings enrolled in the school? [] Yes [] No

If yes, name(s) and grade(s) for 2024-2025 _____

Has your child ever been placed on an Individual Education Plan (IEP) or 504 plan or had a CORE evaluation?

*If yes, please provide a copy with this application. Yes [] No []

Has your child ever been diagnosed with any learning disabilities? Yes [] No []

*If yes, please explain:

Has your child ever been suspended or expelled from school? Yes [] No []

*If yes, please explain:

How did you hear about Immaculate Conception School?

- Church bulletin/flyer/announcement
- Website
- Friends/family
- Parent Referral: _____
- Other: _____

Are you a member of Immaculate Conception Parish? Yes [] No []

*** Media/Photo Release Statement**

Do you give permission for my child/children images or their likeness in photograph(s)/videos in any and all of its publications and in any and all other media such as photos sent to the Revere Journal, whether now known or hereafter existing, controlled by Immaculate Conception School, in perpetuity, and for other use by the school? I will make no monetary or other claim against Immaculate Conception School for the use of the Photograph(s)/videos.

[] Yes, I give permission. [] No, I DO NOT give permission.

*** Emergency Contacts**

We need at least two contacts besides the custodial parents:

Name: _____ Relationship with student _____ Cell Phone: _____

Name: _____ Relationship with student _____ Cell Phone: _____

By signing below, I certify that the information above is accurate.

_____ **Option 1: 1-One Payment by June 7, 2024.**

_____ **Option 2: Ten Payments through FACTS Management Program-August through May**

_____ **Option 3: Forty Payments through FACTS Management Program-August through May**

PLEASE NOTE: All registration and seat deposit fees are NOT- refundable.

Name of Parent/Guardian (*please print*):

Signature of Parent/Guardian: _____ Date: _____

For office use only: Deposit received by _____ Amount _____ Check No. _____ Date _____