Immaculate Conception
Academy

Application for Admission

Date of Registration_____ Non-refundable Registration Fee
$100 School Year_____
For Grade_____ Cash:_____Check#_____

Please Print

Child's Name_____Gender_____
Last First Middle
Date of Birth_____Place of Birth_____Child's S/S Number_____

Address_____City_____State____Zip_____

Home Telephone_____ Father's Cell_____Mother's Cell_____

Name of Father/Guardian_____
First M Last Occupation Religion

Place of Employment_____Father's work phone_____
Father's email_____

Name of Mother/Guardian_____
First M Last Occupation Religion

Place of Employment_____Mother's work phone_____
Mother's email_____

Step- Parent (if applicable)_____phone_____

Student Lives with_____Relationship to child_____

Marital Status (please circle) Married Widowed Divorced
Single Separated Remarried

Baptism_____
Church City/State Date

Holy Communion_____
Church City/State Date

Confirmation_____
Church City/State Date

If child is not Catholic, please state Religion_____