



Immaculate Conception School
 25 Washington Court
 Marlborough, MA 01752
 (508) 460-3401
 Fax (508) 460-6003
www.ICSchool.net
 Mrs. Linda Short, Principal

**APPLICATION FOR ADMISSION
 GRADE APPLYING FOR: _____**

Office Use Only:	Date: _____	Fee Paid: _____	Check # _____
Screened by: _____	Date: _____		

This form is an application for your child's admission to Immaculate Conception School. Please complete the form as thoroughly as possible. Please enclose the application fee of \$50.00.

How did you hear about Immaculate Conception School? (If referred by current school family, please indicate name of family) _____

STUDENT DATA

Student's Name: _____ Male: Female:

Date of Birth: _____ Grade for September: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security #: _____

E-Mail Address: (please print) _____

Is the child a baptized Roman Catholic? **Yes:** **No:**

If yes, please indicate baptismal information below:

Baptismal Date: _____ Parish: _____ City/State: _____

First Reconciliation Date: _____ Parish: _____ City/State: _____

First Communion Date: _____ Parish: _____ City/State: _____

Transferring from: _____ School, City: _____ State: _____

Would you be interested in our Extended Day Program **Yes:** **No:**
Two options: 2:00-4:00 pm or 2:00-6:00 pm
***Extended Day fees are separate from tuition.

Has the child received special testing/services? **Yes:** **No:** If yes, what test/services?

Does child follow an Individual Education Plan? **Yes:** **No:**

FAMILY INFORMATION

Current Parish (if Catholic): _____

Are you registered with that Parish? **Yes:** **No:** Envelope #: _____

Child lives with (please check):

Mother Father Both Parents Parent/Step-Parent Guardian

Other Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

PARENT INFORMATION

Father's Name: _____ Place of Birth: _____

Address: _____ Religion: _____

Occupation: _____ Work Phone: _____

Mother's Name: _____ Place of Birth: _____
First Maiden Name Last

Address: _____ Religion: _____

Occupation: _____ Work Phone: _____

Paternal Grandparents: _____

Address: _____ E-Mail Address: _____

Maternal Grandparents: _____

Address: _____ E-Mail Address: _____

Did you or any other family member attend Immaculate Conception School?

_____ Graduation Date: _____

Why do you wish to enroll your child in a Catholic School?

Parent Signature

Date

Please return this form with a \$50.00 non-refundable application/screening fee in the form of a check to Immaculate Conception School.

Please send to:

**Mrs. Sonia Foster, Admissions Coordinator
Immaculate Conception School
25 Washington Court
Marlborough, MA 01752**