



Immaculate Conception School
 25 Washington Court
 Marlborough, MA 01752
 (508) 460-3405
 Fax (508) 460-6003
www.ICSchool.net
 Mrs. Linda Short, Principal

PRE-SCHOOL APPLICATION FOR ADMISSION

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 INFORMATION

****Must be 3 years of age and completely toilet trained by September 1st.**

Student's Name: _____ Male: Female:

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

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: _____

Is the child currently enrolled in a daycare center or family daycare? **Yes:** **No:**

If yes, name of daycare: _____

Please indicate your preferred schedule: 5 full days 7:30 am – 2:00 pm or
 5 mornings 7:30 am – 11:00 am

*Preference in admission is given to full time students

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?

_____ Date: _____

Parent Signature

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**