

Immaculate Conception School

New Student Application For K—8th Grade

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Enrollment Year: _____
Grade Level applying for: _____ Date of Application: _____

All forms listed below must be submitted to Immaculate Conception School by the required deadline. No student will be considered for enrollment until **ALL** paperwork has been submitted to the Immaculate Conception School office.

Applications must include: _____ Completed and signed application, with a photograph of the applicant
_____ Non-refundable \$50 application fee. Check # _____
_____ Copy of Birth Certificate
_____ Copy of Baptismal Certificate (if Catholic)
_____ State Health & Immunization Form (State Law)
_____ Subsidy Card: Must be completed by the church
office of the Catholic parish of which you are a member

Applications for 1st-8th grade must also include:

_____ Common Recommendation Form
_____ Copy of most recent report card
_____ Copy of most current standardized test results (TCAP, ITBS,
Stanford, etc.)

Student Information

Name: _____
Last First Middle Goes by

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____
Home Mother's Cell Father's Cell

Date of Birth: _____ Age: _____ Gender: M _____ F _____ Catholic/Non-Catholic _____

Sacramental Information

Parish currently attending (if Catholic): _____

Date of Baptism: _____ Church: _____

Date of First Holy Communion: _____ Church: _____

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Current School Information

Name of School: _____

Address: _____

Dates of Attendance: _____ Teacher's Name: _____

List other schools attended and dates of attendance: _____

Has this student been dismissed, suspended or asked to withdraw from any school?

No _____ Yes _____ If yes, please explain: _____

Does your child have any learning challenges and/or physical disabilities of which you are aware or suspect (Speech, Reading, Learning, Math, etc.)?

No _____ Yes _____ If yes, please explain: _____

Has this student been administered any diagnostic evaluations (either educational or psychological) privately or through the public school system?

No _____ Yes _____ If yes, please explain: _____

Has your child received or is currently receiving special education services?

No _____ Yes _____ If yes, please explain and provide current IEP: _____

Is there any other information you would like to communicate concerning your child?

Is your child currently taking any type of medication?

No _____ Yes _____ If yes, please complete below:

Names of Medication and Dosages:

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Parent/Custodial Information

Is student living with both parents? Yes _____ No _____ If not, with whom? _____

Who has legal custody? _____

<u>Father</u>	<u>Mother</u>
Name: _____	Name: _____
Hm Address: _____ _____	Hm Address: _____ _____
Hm Phone: _____	Hm Phone: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____
Place of Employment : _____	Place of Employment : _____
Position: _____	Position: _____
Catholic/Non-Catholic? _____	Catholic/Non-Catholic? _____
Alumni of SMCS/ICS: No _____ Yes _____ YR _____	Alumni of SMCS/ICS: No _____ Yes _____ YR _____

Siblings attending Immaculate Conception School

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Other Siblings

Name: _____ Age: _____ ICS Alumni? No ___ Yes ___ Yr ___

Name: _____ Age: _____ ICS Alumni? No ___ Yes ___ Yr ___

Name: _____ Age: _____ ICS Alumni? No ___ Yes ___ Yr ___

If you speak a language other than English at home, please list it: _____

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Signature of Parent or Guardian

I understand and acknowledge that Immaculate Conception School may deny admission at any time if it determines that enrollment of the child in Immaculate Conception School would not be appropriate. I understand and acknowledge that Immaculate Conception School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of Immaculate Conception School.

Signature of Financially Responsible Parent/Guardian Date: _____

Immaculate Conception School does not discriminate in its admission practices on the basis of race, color, national origin, gender, age, disability, or other protected status.

Immaculate Conception School is not equipped to handle severe learning, behavioral, or other handicapping conditions.

Before submitting your child's application, please review the checklist at the top of page one.

- Please return application and relevant documentation to:
School Office
Immaculate Conception School
1901 Madison Street
Clarksville, TN 37043
- For questions or comments concerning this application, please call 931-645-1865.

Office Use Only

Received by: _____ Date: _____