



Immaculate Conception School

1901 Madison Street
Clarksville, TN 37043
Office: (931) 645-1865
Fax: (931) 645-1160
icschooltn.org

WHERE FAITH & LEARNING GO HAND IN HAND

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

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

Applications must include: _____ COMPLETED and signed application, with a photo 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)
Date of Birth: _____ Age: _____ Gender: M _____ F _____ Catholic/Non-Catholic _____
Current Parish (if Catholic): _____ Member since: _____
Date

Family Information

Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone Number: _____ Email: _____

Sacramental Information (Please fill out completely with full dates)

Date of Baptism: _____ Church: _____
Date of First Holy Communion: _____ Church: _____

Current School Information

Name of School: _____
Address: _____
Dates of Attendance: _____ Teacher's Name: _____
List other schools attended and dates of attendance: _____

OUR MISSION

Immaculate Conception School, a ministry of Immaculate Conception Parish, believes our school is a place where Catholic faith and learning go hand in hand. Jesus is present in the lives of our students, faculty, and community. We respect the dignity of all life. Our words and actions will be kind and honest to show our respect for Jesus. We strive toward academic excellence and value life-long learning.

OUR VISION

Immaculate Conception School teaches knowledge of the world and builds human virtues to prepare students to be faithful citizens.

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: _____
Address: _____ _____	Maiden Name: _____
Home Phone: _____	Address: _____ _____
Business Phone: _____	Home Phone: _____
Cell Phone: _____	Business Phone: _____
Email address: _____	Cell Phone: _____
Place of Employment : _____	Email address: _____
Position: _____	Place of Employment : _____
Catholic/Non-Catholic? _____	Position: _____
Alumni of SMCS/ICS: No _____ Yes _____ YR _____	Catholic/Non-Catholic? _____
	Alumni of SMCS/ICS: No _____ Yes _____ YR _____

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: _____

Siblings currently 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: _____

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.

Please Print Name of Financially Responsible Parent/Guardian

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: _____