



**Immaculate Conception School
127 Winthrop Road
Revere, MA 02151**

2019-2020 New Student Application for Admission

Student Information

Please circle the grade for which you wish to apply:

K0* K1** K2*** 1 2 3 4 5 6 7 8

***Child must be 3 years old by August 31, 2019. **Child must be 4 years old by August 31, 2019.**

*****Child must be 5 years old by August 31, 2019.**

Student Name: _____
Last Name First Name Middle Name

Date of birth: ___/___/____ Place of birth: _____ Gender: Male Female
Mo/Day/Year (circle one)

Home Telephone: _____ Race/Ethnicity: _____ Language Preference: _____

School in 2018-2019: _____ Grade in 2018-2019: _____

Student Address: _____
Street Apt. # City State Zip

Religion: _____ Date of Baptism: _____ Church: _____

Date of 1st Communion: _____ Church: _____

With whom does the student live? Both parents _____ Birth mother _____ Birth Father _____ other _____

Family Information

Mother/Guardian 1:

Legal Name: _____ Relationship to student: _____

Address: _____
Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____ Maiden Name: _____

Place of birth: _____ Religion: _____

Father/Guardian 2:

Legal Name: _____ Relationship to student: _____

Address: _____
Street Apt. # City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Place of birth: _____ Religion: _____

(Continued on back)



Additional Information

Has your child ever been placed on an Individual Education Plan (IEP) or 504 plan or had a CORE evaluation?

*If yes, please provide a copy with this application. Yes ____ No ____

Has your child ever been diagnosed with any learning disabilities? Yes ____ No ____

*If yes, please explain: _____

Has your child ever been suspended or expelled from school? Yes ____ No ____

*If yes, please explain: _____

Do you intend to use our: Before School Care ____ After School Program ____

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending Immaculate Conception School:

Are you a member of Immaculate Conception Parish? Yes ____ No ____

If you do not attend Immaculate Conception Parish, please list your parish (if any):

How did you hear about Immaculate Conception School?

- Church bulletin/flyer/announcement
- Website
- Friends/family
- Another parent
- Parent Referral: _____
- Other: _____

Documents to submit with this application:

- Student's Baptismal certificate (if Catholic)
- Student's birth certificate (or passport if born outside the U.S.)
- Student's immunization records and most recent physical exam results
- Student's previous report cards (if applicable)

By signing below, I certify that the information above is accurate.

_____ **Option 1: 1-One Payment by June 7, 2019.**

_____ **Option 2: Ten Payments through FACTS Management Program-June through March**

PLEASE NOTE: ALL REGISTRATION AND SEAT DEPOSIT FEES ARE NON-REFUNDABLE ANY AMOUNTS PAID TO F.A.C.T. ARE NOT REFUNDABLE

Name of Parent/Guardian (*please print*): _____

Signature of Parent/Guardian: _____ Date: _____

For office use only:

_____ Baptismal certificate	_____ Birth certificate/passport	_____ Age verified
_____ Immunization forms	_____ Previous report cards	_____ \$300 Registration Fee
_____ Date of completed file	_____ Initials	