

**IMMACULATE CONCEPTION SCHOOL**  
290 West Babbitt Avenue † Pen Argyl, PA 18072  
(610) 863-4816 † www.immaculateconceptionschool.net

**REGISTRATION FORM**

**Student Information:**

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Year 20\_\_\_\_ 20\_\_\_\_ Grade Entering \_\_\_\_\_

Name \_\_\_\_\_ M / F  
Last First Middle

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Religion \_\_\_\_\_ Public School District in which Student Resides \_\_\_\_\_

Ethnicity (for gov't. reporting):  American Indian/Native Alaskan  Asian  Hisp./Latino  
 Black/African American  Native Hawaiian/Pacific Islander  White  Multi-racial

Name/Address of Previous School/Preschool \_\_\_\_\_  
\_\_\_\_\_

Student lives with:  Parents  Mother  Father  Guardian \_\_\_\_\_  
Relationship to Child

**Parent/Guardian Information:**

**Marital Status:**  Married  Separated  Divorced  Widowed  Single Parent

If divorced/separated, legal custody granted to \_\_\_\_\_

*Note: If divorced or separated, please attach a copy of court order.*

**Father's Name** \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Address (if diff. than student) \_\_\_\_\_ Birth Place \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ Religion \_\_\_\_\_  
Last (Maiden) First

Address (if diff. than student) \_\_\_\_\_ Birth Place \_\_\_\_\_

Employer Name/Location \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Guardian (if applicable):**

Guardian's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Last First

Address (if different than student) \_\_\_\_\_

Employer Name/Location \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

*Please complete reverse side*

**REGISTRATION FORM (side 2)**

**Family Information:**

Brother / Sister	Name	School	Gr.
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Parish Information:**

Family **Registered** with: \_\_\_\_\_

	Name	City	State
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Baptism      \_\_\_/\_\_\_/\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Holy Communion      \_\_\_/\_\_\_/\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Confirmation      \_\_\_/\_\_\_/\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Medical Conditions, Allergies, Medications (please initial below if your child does not have any conditions, etc.):**

My child has the following medical condition(s) and or allergies:

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Daily medication taken by student (medication and dosage): \_\_\_\_\_

\_\_\_\_\_

**OR**

\_\_\_\_\_ My child does not have any medical conditions.      \_\_\_\_\_ My child does not have any allergies.

\_\_\_\_\_ My child does not take any medications.

Registration Application completed by:

\_\_\_\_\_

Name (print)	Signature
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\_\_\_\_\_

Relationship to Child

**Note: Registration fee is required upon enrollment and is nonrefundable**