



# APPLICATION FOR SCHOOL ADMISSION 2017- 2018

Immaculate Conception School  
223 South 14<sup>th</sup> Street  
Fort Smith, AR 72901

**Registration Fee: \$125.00**

**Registration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



Student's Last Name	First	Middle	Named Called	Gender	Grade
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\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth State: \_\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Origin \_\_\_\_\_

(for statistical purposes)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If Catholic:**

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of First Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Please list the Public School District in which you live: \_\_\_\_\_

Previous School Attended: (For transferring students grades K – 6<sup>th</sup> please fill out the release of records form on back)

Name of School: \_\_\_\_\_ Address \_\_\_\_\_

Has your child ever been asked to leave a school? No \_\_\_ Yes \_\_\_

Father's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_ Birth State: \_\_\_\_ Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title or Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_ Birth State: \_\_\_\_ Mother's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title or Position: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parish membership: Immaculate Conception Catholic Church: Yes \_\_\_ No \_\_\_ Year Registered \_\_\_\_\_

List cell number to use for receiving text messages

\_\_\_\_\_

**For office use only**

- \_\_\_ Birth certificate
- \_\_\_ Immunization record
- \_\_\_ Baptismal certificate
- \_\_\_ Registration fee

**PLEASE CONTINUE ON THE BACK**

Check **all** that apply:

Parents together \_\_\_\_\_ Parents separated \_\_\_\_\_ Parents divorced \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_

Father remarried \_\_\_\_\_ Mother remarried \_\_\_\_\_

Child lives with:

Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Joint Custody \_\_\_\_\_ Other \_\_\_\_\_

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,  
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER ACADEMIC RECORDS.**

Name of Person Responsible for Tuition Payments \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

***I will need tuition assistance for the 2017- 2018 school year. Yes \_\_\_\_\_ No \_\_\_\_\_***

**Please fill out the following if you have a student transferring from a different school in grades K – 6<sup>th</sup>**



## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT RECORDS

I authorize the transfer of all records pertaining to: \_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Grade)

from \_\_\_\_\_ (Name of School transferring from) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

to Immaculate Conception School 223 South 14<sup>th</sup> Street Fort Smith, AR 72901.

I understand I may request, from the above authorized school, a copy of the records to be transferred, if desired.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed