IMMACULATE CONCEPTION CHURCH
PARISH SCHOOL OF RELIGION (PSR)

New Student Registration

Student

Name_____ _____ _____

Last **First** **Middle**

Family Name (if different): _____

PSR grade this fall _____

Date of Birth_____ Place of Birth_____ Sex _____

Age ___ Past year attended PSR in _____Church Parish and was enrolled in grade ___

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Is your family registered in Immaculate Conception Parish? [ ] YES [ ] NO

BAPTISMAL CERTIFICATE REQUIRED

Date of Baptism ___/___/_____ Check here if not baptized yet _____

Church where baptized_____ City_____ State_____

First Eucharist ___/___/_____ Church & location _____

Does child attend Mass at ICC? [ ] YES [ ] NO

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Father's Name_____ Married ____ Divorced _____

Father's Occupation: _____

Father's Work Phone_____ Cell _____

Father's Religion _____ If Catholic, do you practice your faith? [ ] YES [ ] NO

Mother's Name_____ Maiden Name _____ Married ____ Divorced _____

Mother's Occupation: _____

Mother's Work Phone _____ Cell _____

Mother's Religion _____ If Catholic, do you practice your faith? [ ] YES [ ] NO

Address_____ Zip _____

Home Phone _____

Email Address _____

Emergency Name (Not Parent) _____ Relationship _____

Phone _____

Does student live with parent(s) [ ] YES [ ] NO If No, name and phone number with whom he/she lives_____

Medical Information: Does student have an illness or allergy of which the office should be aware? [ ] YES [ ] NO

(If yes, please identify and state action plan) _____

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