



# *Immaculate Conception School*

## Required Documents

Thank you for your interest in the Immaculate Conception School. Please take time to read over your information folder. Enclosed you will find a New Student Application, Authorization and Release Form, Tuition and Fees Sheet, Registration Information and Bank Information.

The application must be accompanied with a copy of the following documents. The application will not be complete until the office has all documents on file.

1. Birth Certificate
2. Baptismal Certificate
3. First Communion Certificate (3<sup>rd</sup> – 7<sup>th</sup> Grade)
4. Updated Immunization Records
5. Social Security Card
6. Current Report Card (Kindergarten – 7<sup>th</sup>)
7. All previous Report Cards (Kindergarten – 7<sup>th</sup> Grade)
8. Standardized Test Scores (3<sup>rd</sup> – 7<sup>th</sup> Grade)
9. Doctor's note on allergies (if applicable)
10. Custody Documents (if applicable)

# IMMACULATE CONCEPTION SCHOOL

4520 Sixth Street Marrero, LA 70072

## 2020-2021 NEW STUDENT APPLICATION

*Please complete the entire application. The application will not be reviewed until all documents are turned in.*

*According to Louisiana RS17.151.3, student must be 4 yrs of age by Sept. 30<sup>th</sup> in order to enter Pre-Kindergarten Four, and 5 yrs of age by Sept. 30<sup>th</sup> to enter Kindergarten.*

LOUISIANA STATE LAW requires that all immunizations be up to date and on file in the school office. Students entering sixth grade must provide satisfactory evidence of current immunizations against meningococcal disease.

\_\_\_\_\_  
Today's Date                      Grade Entering                      Child's Date of Birth                      Child's Social Security

\_\_\_\_\_  
Child's Last Name                      Child's First Name                      Child's Middle Name

\_\_\_\_\_  
Child's Street Address                      City                      Zip Code

\_\_\_\_\_  
Home Phone Number (\_\_\_\_\_) \_\_\_\_\_                      Place of Birth (City & State) \_\_\_\_\_

**(Please circle appropriate one for State & Federal purposes only)**

Child's Sex (circle one)    Male    Female

Race (circle one)    Am. Indian    Asian    Black    Native Hawaiian/Pacific Islander    White    Two or more races

Ethnicity (circle one)    Hispanic                      Non-Hispanic

Child's Religion: \_\_\_\_\_ (The child will not be considered Catholic without Baptismal Certificate.)

If not Catholic, would you like your child to be baptized Catholic?    \_\_\_\_ yes    \_\_\_\_ no

\_\_\_\_\_  
Baptismal Date                      Church                      City

\_\_\_\_\_  
Communion Date                      Church                      City

\_\_\_\_\_  
Church Parish you reside in                      Public School your child would be required to attend

\_\_\_\_\_  
Last School Student Attended                      City                      State                      Zip

***Please answer the following questions concerning the child applying to Immaculate Conception –ALL GRADES:***

What is your child's primary language? \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Has this child had an educational evaluation? \_\_\_\_\_ Has this child had a psychological evaluation? \_\_\_\_\_

Has this child had a private evaluation? \_\_\_\_\_ Has this child received special education services? \_\_\_\_\_

Has this child been eligible for special education services? \_\_\_\_\_

If any questions above were answered yes please explain below and submit a copy of the evaluation.

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If there are any medical problems (including allergies, etc.) that the school should be aware of please give a detailed description.

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The natural parents to the child applying are: Married Separated Divorced Never Married

**IF NOT MARRIED PLEASE ANSWER THE FOLLOWING**

Who has custody of the child applying? \_\_\_\_\_  
Person's Name Relationship to child

With whom does the child reside? \_\_\_\_\_  
Person's Name Relationship to child

***Where the legal custody of a student has been judicially assigned to one parent, to a legal guardian, or to foster parents, a certified copy of the same shall be kept on file with the student's records. In the absence of a legal document, a child may be released to either parent.***

***In the absence of a court order, a school will provide the non-custodial parent with access to the academic records and to other school-related information regarding the child. If there is a court order specifying that there is to be no information given, it is the responsibility of the custodial parent to provide the school with an official copy of the court order.***

***To be completed only if applying for Nursery through Kindergarten.***

Is your child attending a daycare facility? \_\_\_\_\_

If yes, name the facility and how long attended. \_\_\_\_\_

***Note:***

Children entering PreK-3 through Kindergarten must be completely potty trained and must be able to take care of their own bathroom needs. I understand that the administration of Immaculate Conception School reserves the right to remove my child from the Early Childhood Program if he/she is not full potty trained upon entering PreK-3.

# PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
**Mother's** Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Date of Birth

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

(Please circle appropriate one for State & Federal purposes **only**)

Race (circle one) Am. Indian Asian Black Native Hawaiian/Pacific Islander White Two or more races

Ethnicity (circle one) Hispanic Non-Hispanic

\_\_\_\_\_  
Address (if different from child) (Street) (City) (Zip)

\_\_\_\_\_  
Place of Employment Occupation Work Phone Number

\_\_\_\_\_  
E Mail Address (Please Print Clearly) Religion

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

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

(\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

(Please circle appropriate one for State & Federal purposes **only**)

Race (circle one) Am. Indian Asian Black Native Hawaiian/Pacific Islander White Two or more races

Ethnicity (circle one) Hispanic Non-Hispanic

\_\_\_\_\_  
Address (if different from child) (Street) (City) (Zip)

\_\_\_\_\_  
Place of Employment Occupation Work Phone Number

\_\_\_\_\_  
E Mail Address (Please Print Clearly) Religion

## STEP PARENT INFORMATION

\_\_\_\_\_  
**Step-Mother's Last Name**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Date of Birth

(\_\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
**Step-Father's Last Name**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Date of Birth

(\_\_\_\_\_)\_\_\_\_\_  
Home Phone Number

(\_\_\_\_\_)\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Occupation

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

## EMERGENCY INFORMATION

List three adults your child may be released to if you cannot be reached

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone(Cell) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone(Cell) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone(Cell) \_\_\_\_\_

## MEDICAL CONDITIONS/ALLERGIES

Please explain any condition that applies to your child.

Diabetes \_\_\_\_\_

Asthma \_\_\_\_\_

Headaches \_\_\_\_\_

Insect Stings \_\_\_\_\_

Nuts \_\_\_\_\_

Other Medical Conditions/Allergies \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

## Family Information

List all Siblings of Applicant:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Applicant's Grandparent(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

Has your son/daughter had any relative attend Immaculate Conception School? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Year of Graduation/Attendance \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Year of Graduation/Attendance \_\_\_\_\_ Relationship \_\_\_\_\_

**I certify that all information is true to the best of my knowledge.**

\_\_\_\_\_  
**Name Printed**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Child**



# *Immaculate Conception School*

## **AUTHORIZATION AND RELEASE**

I/we, parents of \_\_\_\_\_ (name of student/s), hereby authorize any school previously attended by our child, \_\_\_\_\_, including but not limited to any school denominated as a Catholic School by and/or under the vigilance of the Archbishop of the Archdiocese of New Orleans pursuant to Canon Law of the Roman Catholic Church and which my/our child has attended in the past, to send a copy of any and all school records, including but not limited to any and all transcripts, standardized test scores, attendance records, special-education records, disciplinary records, financial records in regard to payments of fees and/or tuition and/or any and all other educational and/or social or informational records, of (student/s) to Immaculate Conception School. The foregoing authorization also applies in the event that School, which is the school authorized to receive the foregoing records, receives an inquiry in the future from any other Catholic School as described above for records, and/or information; and, in that event, School is then authorized to send such records and/or information to the requesting Catholic School. Further, in consideration of the sending and receipt of such records any related consideration, I hereby agree to release, defend, indemnify and hold harmless the owners of and/or any such schools that send and/or receive the aforementioned records, The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, administrators, principals, teachers, employees, agents and/or representatives and the Archbishop, bishops and all clergy of the Archdiocese of New Orleans, from any and all claims, demands and/or causes of action arising from the sending and/or receipt of the aforementioned records and/or from the content of such records.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# *Immaculate Conception School*

## **Early Childhood Program Registration Information**

The following must be read and accepted by parents that have a child entering the Pre-Kindergarten 3, Pre-Kindergarten 4 or Kindergarten program.

### **Immaculate Conception School Policy Early Childhood Program**

Children entering the Early Childhood Program must be completely potty trained and must be able to take care of their own bathroom needs. I, the undersigned, understand that the administration of Immaculate Conception School reserves the right to remove my child from the Early Childhood Program if he/she is not fully potty trained.

I have read the above policy and understand that my child must be fully and completely potty trained before entering the Early Childhood Program at Immaculate Conception.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade Level Entering

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date