



Immaculate Conception School
and Preschool

New Student Enrollment Application for Grades K to 6 2009-2010 School Year

Immaculate Conception School
200 West Wayne Street
Celina, Ohio 45822

419-586-2379
www.icschool-celina.org

Student's Information			
Student Name _____			
First	Middle	Last	
Address _____			
Street	City	State	Zip
Grade the child will be entering: K 1 2 3 4 5 6 Social Security Number _____			
Gender: M F Date of Birth _____ Birthplace _____			
Religious affiliation _____			
Race: _____ (1. Native American 2. Asian 3. Black 4. Hispanic 5. Hawaiian 6. White 7. Multiracial)			

Mother/Guardian's Information	

First Name	Last Name
<input type="checkbox"/> Birth Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive Mother	
Marital Status: _____	

Street Address (if different from child's)	

City/State/Zip	

Home Phone	

Cell Phone	

Occupation	Employer

Religious Affiliation	

City/State of Birth	

Father/Guardian's Information	

First Name	Last Name
<input type="checkbox"/> Birth Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive Father	
Marital Status: _____	

Street Address (if different from child's)	

City/State/Zip	

Home Phone	

Cell Phone	

Occupation	Employer

Religious Affiliation	

City/State of Birth	

If student has additional parents or guardians, provide the information in "Additional Information" section on page 2.

This application is the first step in enrolling a child at Immaculate Conception. To officially enroll, parents will also be asked to submit a Registration/Tuition form.

Please complete reverse side as well.