



IMMACULATE CONCEPTION ST. JOSEPH SCHOOL

Application for Admission

RETURNING FAMILIES – NEW SIBLING: 2012-2013 Academic Year

Immaculate Conception-St. Joseph School admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in this school. Immaculate Conception-St. Joseph School does not discriminate on the basis of gender, race, color, or national origin in administration of educational policies, athletic or other school administered programs.

CANDIDATE INFORMATION

Student's name _____
Last First Middle Nickname if applicable

Date of birth _____ Male/Female _____

Grade applying for _____ (If applying to preschool, please specify prek 3 or prek 4)

If PreK3 or PreK4, are you applying for ____ Full Day ____ Half Day?

There will be a \$500 fee assessed to families who make a change regarding half or full day enrollment after January 31, 2012.

For preschool admission, please indicate which campus is your first and second preference by placing a 1 or 2 next to the campus name. **New PreK4 students are not guaranteed their first preference.**

_____ North Park Campus _____ Hill St. Campus _____ Either Campus

PARENT/GUARDIAN INFORMATION

Mother's name _____ Father's name _____

Home address _____ Home address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employer _____ Employer _____

Position _____ Position _____

Business Phone _____ Business Phone _____

FAMILY INFORMATION

If the child does not live with both parents, please indicate who has custody and where the child resides:

Parish/Church affiliation _____

If you are Catholic and are a registered parishioner at a parish in the Archdiocese of Chicago, please provide the month and year that you registered with the parish. _____ Month/Year

My child was baptized at _____ on _____

EDUCATIONAL HISTORY

Current school name _____

Address _____

City/State/Zip _____ Phone _____

Please list other schools attended in the last 2 years.

School	Address	Dates of Attendance

Please complete the following questions about your child providing as much detail as possible. This information will be helpful in order to plan for your child's program and in order to better understand your child's strengths.

Has your child had educational support or therapy of any kind? ____Yes ____No If yes, please explain.

Has your child ever received an educational/psychological evaluation? ____Yes ____No If yes, please explain.

Does a specialist provide services for your child? Yes No If yes, please explain.

Are there any medical concerns that should be taken into account in planning your child's program?

Yes No If yes, please explain. _____

Please tell us about your child's interests, skills or talents. _____

What opportunities has your child had to participate in group activities outside of school? _____

Please list any languages (other than English) spoken in the home and to what extent. _____

Why do you want your child to attend Immaculate Conception-St. Joseph School? (Please use an additional sheet of paper if necessary)

OPTIONAL QUESTIONS

The following questions are for statistical purposes and have no bearing on admission.

Please check the ethnicity that most accurately describes the applicant:

Black/African American Asian/Asian American Pacific Islander
 Hispanic/Latino White/Caucasian/European descent Other
 Native American Bi-Racial

Please list other schools to which you are applying. _____

Do you plan to apply for tuition assistance? Yes No

This signed application, a copy of your child's birth certificate and a copy of your child's baptismal certificate (if applicable), along with the older sibling's registration fee (see attached letter re: details) must be submitted to the school office by January 31, 2012.

Current students not registered or siblings of current students who have not submitted an application by January 31, 2012 must pay a \$250.00 late fee and will be placed on a waiting list.

There will be a \$500 fee assessed to families who make a change regarding half or full day preschool enrollment after January 31, 2012.

The undersigned have read and understand this application and certify that the information is complete and accurate to the best of your knowledge. The undersigned agree to communicate in writing any changes contained herein to the ICSJ School Office. The undersigned understand that upon discovery of inaccuracy or intentional omission of information requested herein, the School reserves the right to revoke admission to the Immaculate Conception-St. Joseph School.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____