



IMMACULATE CONCEPTION
ST. JOSEPH SCHOOL

Application for Admission

RETURNING FAMILIES: 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.

RETURNING STUDENT INFORMATION

Student's name _____ Birth Date _____ Entering Grade _____

Student's name _____ Birth Date _____ Entering Grade _____

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Student's name _____ Birth Date _____ Entering Grade _____

PreK4 Half Day _____ PreK4 Full Day _____ **There will be a \$500 fee assessed to families who make a change regarding half or full day preschool enrollment after January 31, 2012.**

Incoming PreK4 students will be re-enrolled at their current campus. Should you wish to change campuses, please indicate this in writing on the line provided. If there are available spaces to accommodate a request for a campus change, the requests will be handled on a first come, first serve basis.

NEW SIBLING INFORMATION

All new sibling applicants (prek3 – 8th grade), will be required to complete a separate application (attached if applicable or available online). The application for new students and all necessary documents are due with this application and deposit by January 31, 2012. All new applicants will be required to attend an early childhood play date on February 10 (new student applicants for prek3, prek4, kindergarten) or a shadow date on a mutually agreed upon date (new student applicants for 1st through 8th grades).

PLEASE CHECK IF APPLICABLE AND SPECIFY LOCATION

Enrollment after January 31, 2012 will be based on availability

We will need before school care _____ at North Park _____ at Hill St. _____
Student's name

We will need after school care _____ at North Park-4:00 p.m. _____ at Hill St.-4:30 p.m. _____
Student's name

We will need after school care _____ at North Park-5:30 p.m. _____ at Hill St-6:00 p.m. _____
Student's name

We will be applying for Tuition Assistance _____ Yes _____ No

(OVER)

This signed application and a \$500.00 non-refundable 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 may 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 _____

We will not be returning to Immaculate Conception-St. Joseph School for the 2012-2013 school year.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For statistical purposes, please indicate to which school your child/ren will be enrolled for the 2012-2013 school year.
