



# IMMACULATE CONCEPTION ST. JOSEPH SCHOOL

## Application for Admission

### NEW 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.

#### CANDIDATE INFORMATION

Student's name \_\_\_\_\_  
*Last First Middle Nickname if applicable*

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of application \_\_\_\_\_ application year \_\_\_\_2012-2013 (next year) \_\_\_\_2011-2012 (current year)

Grade applying for \_\_\_\_\_ If PreK3 or PreK4, are you applying for \_\_\_\_Full Day \_\_\_\_Half Day?

For preschool admission, please indicate which campus is your first and second preference by placing a 1 or 2 next to the campus name.  
**Families are not guaranteed their first preference.** \_\_\_\_\_ IC Campus on North Park Ave \_\_\_\_\_ St. Joseph Campus on Hill St.

#### 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 \_\_\_\_\_

What are your preferred methods to contact you?  
Please circle all that apply:

Home phone Cell phone Email Business Phone Home phone Cell phone Email Business Phone

**FAMILY INFORMATION**

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

\_\_\_\_\_

**Sibling Information**

Full Names of Other Children

Date of Birth

School/Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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/ren was/were 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

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied to Immaculate Conception-St. Joseph School for admission for your child?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, in what year did you apply and for what grade level? \_\_\_\_\_

Do you have any relatives who are or have attended Immaculate Conception-St. Joseph School?

\_\_\_\_ Yes      \_\_\_\_ No      Name, relationship \_\_\_\_\_

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.

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Has your child ever received an educational/psychological evaluation?  Yes  No If yes, please explain.

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

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

Yes  No If yes, please explain. \_\_\_\_\_

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

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

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

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

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## 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 (If yes, an application will be sent to you after your child has been enrolled.)

How did you learn about Immaculate Conception-St. Joseph School? Check all that apply.

NPN School Fair       Internet       Friend/Relative       Other

Please provide more details if applicable. \_\_\_\_\_  
\_\_\_\_\_

This signed application, a \$50.00 non-refundable application fee, a copy of your child's birth certificate and a copy of your child's baptismal certificate (if applicable) must be submitted to the school office by January 31, 2012. You will be notified by March 9, 2012 of admission decisions.

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 the Immaculate Conception-St. Joseph School.

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

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

