



# APPLICATION FOR K-6 SCHOOL ADMISSION 2020-2021

Immaculate Conception School  
223 South 14<sup>th</sup> Street  
Fort Smith, AR 72901

**Registration Fee: \$125.00**

**Registration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



Student's Last Name                      First                      Middle                      Named Called                      Gender                      Grade

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Birth State: \_\_\_\_\_      Ethnic Origin \_\_\_\_\_  
(for statistical purposes)

Home Address: \_\_\_\_\_      City: \_\_\_\_\_      Zip: \_\_\_\_\_      State: \_\_\_\_\_

**If Catholic:**

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Church: \_\_\_\_\_      City/State: \_\_\_\_\_

Date of First Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Church: \_\_\_\_\_      City/State: \_\_\_\_\_

Date of First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Church: \_\_\_\_\_      City/State: \_\_\_\_\_

Father's Name: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Religion: \_\_\_\_\_      Church: \_\_\_\_\_      Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Title or Position: \_\_\_\_\_      Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_      Mother's Maiden Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_      Church: \_\_\_\_\_      Mother's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_      Title or Position: \_\_\_\_\_      Business Phone: \_\_\_\_\_

Parish membership: Immaculate Conception Catholic Church: Yes \_\_\_ No \_\_\_ Year Registered \_\_\_\_\_

List cell number to use for receiving text messages

\_\_\_\_\_ Primary

\_\_\_\_\_ Secondary

**Preferred language for communication:**

\_\_\_ English      \_\_\_ Spanish

**Emergency Contact: Not Parent**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<b>For office use only</b>
___ Birth certificate
___ Immunization record
___ Baptismal certificate
___ Registration fee

**PLEASE CONTINUE ON THE BACK**

Check **all** that apply:

Parents together \_\_\_\_\_ Parents separated \_\_\_\_\_ Parents divorced \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_

Father remarried \_\_\_\_\_ Mother remarried \_\_\_\_\_

Child lives with:

Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Joint Custody \_\_\_\_\_ Other \_\_\_\_\_

Please let teachers know of any custodial restrictions

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,  
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER ACADEMIC RECORDS.**

Name of Person Responsible for Tuition Payments \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

*I will need tuition assistance for the 2020-2021 school year. Yes \_\_\_\_\_ No \_\_\_\_\_*

**Please fill out the following if you have a student transferring from a different school in grades K – 6<sup>th</sup>**



**AUTHORIZATION FOR RELEASE OF  
CONFIDENTIAL STUDENT RECORDS**

I authorize the transfer of all records pertaining to: \_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Grade)

from \_\_\_\_\_ (Name of School transferring from) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

to Immaculate Conception School 223 South 14<sup>th</sup> Street Fort Smith, AR 72901.

I understand I may request, from the above authorized school, a copy of the records to be transferred, if desired.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed