



APPLICATION FOR SCHOOL ADMISSION 2019-2020

Immaculate Conception School
223 South 14th 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: _____

Home Phone: _____ Emergency Contact Name: _____ Phone #: _____

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: _____

Please list the elementary Public School District in which you live: _____
(For transferring students grades K – 6th please fill out the release of records form on back)

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

For office use only

- ___ 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 2019-2020 school year. Yes _____ No _____

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



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 14th 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