



## Immaculate Conception School Family Re-Registration Form 2020-2021

School Year: \_\_\_\_\_ Family Last Name: \_\_\_\_\_ Check  New or  Returning family

Family Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_ Catholic\_\_\_ Non-Catholic\_\_\_

All information must be filled out. (2 sided form)

1<sup>st</sup> Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Health Issues \_\_\_\_\_

2<sup>nd</sup> Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Health Issues \_\_\_\_\_

3<sup>rd</sup> Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Health Issues \_\_\_\_\_

4<sup>th</sup> Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_ Health Issues \_\_\_\_\_

Parental Status:  Married  Separated  Divorced  Remarried  Single  Widow/Widower  Other

Students Live With:  Both Parents/Guardian  Mother  Father  Mother/Stepfather  
 Father/Stepmother  Grandparents  Other

Language spoken at home:  English  Spanish Other: \_\_\_\_\_

Fill in the address of the person/s with whom the students live.

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

Home Phone: \_\_\_\_\_ Main Phone #  Other Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Add Email to Constant Contact

Parent 1

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Call First

Bus. Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Add Email to Constant Contact

Religion: \_\_\_\_\_

Parent 2

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Call First

Bus. Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Add Email to Constant Contact

Religion: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

**Race/Ethnicity (check)**

**Hispanic**

- White
- Black
- Native Hawaiian/Pacific Islands
- Asian
- Multi-Racial
- American Indian
- One Race

**Non-Hispanic**

- White
- Black
- Native Hawaiian/Pacific Islands
- Asian
- Multi-Racial
- American Indian
- One Race

**Transportation**

List anyone else who may pick up your students.

Name	Phone Number

**Emergency Contact**

List persons who can be contacted in case of an emergency if Parent/Guardian is not available.

Name1 : \_\_\_\_\_

Phone1 : \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone2: \_\_\_\_\_

**Medical**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

If a second family should receive information from the school, enter that information below.

Name: \_\_\_\_\_ Relationship to Student/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: Enter any additional comments about your family you feel the school should have.

In the event of an extreme emergency, the school will call 911 and your child will be transported to the nearest Emergency Room for treatment. We will then notify the Parent/Guardian. Parents/Guardians are responsible for the cost of transporting and treating a student. The Nurse's discretion is used or a school representative when determining the best course of action.

**Parent Signature**

Date \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

