

Immaculate Conception Academy

NEW STUDENT INFORMATION FORM

Date of Application _____

Student's Name _____
Last First Middle

Home Address _____

City _____ State _____ Zip _____ Phone _____

Age ____ Birth Date _____ Sex ____ Birthplace _____

List the following if the child is Roman Catholic:

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>Location</u>
Baptism	_____	_____	_____
Penance	_____	_____	_____
Holy Communion	_____	_____	_____
Confirmation	_____	_____	_____

SCHOOLS PREVIOUSLY ATTENDED:

<u>Grade</u>	<u>Dates Attended</u>	<u>Name and Location of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

School District where student resides

The student has changed schools _____ times. At what grade level(s)?

Has the student ever been _____ dismissed suspended from any school?
_____ denied admission to any school?
_____ requested to not return to any school?

so, please give details:

Has the student had any scholastic difficulties? If so, explain:

Has the student ever used, or does he/she now use tobacco, drugs or alcohol?

If so, explain. (Use of these in any function related to the school is grounds for immediate expulsion, at the discretion of the principal.)

Does the student:

Attend Sunday Mass?	Always _____	Sometimes _____	Never _____
Participate in school activities?	Always _____	Sometimes _____	Never _____
Spend time in watching television?	Always _____	Sometimes _____	Never _____
Do school assignments at home daily?	Always _____	Sometimes _____	Never _____
Work for others, i.e. babysitting?	Always _____	Sometimes _____	Never _____

Are there any unusual factors in the student's life, e.g., absence of father or mother, serious or chronic illness of either parent, adoption, etc.?

Please comment:

Please give any other information regarding this student which you consider to be helpful to the faculty and/or the administration of Immaculate Conception Academy.