



Be Extraordinary!

Application to: (Circle One) Grade 9 10 11 12

Legal Name _____
Last First Middle

Address _____
No. Street Apt# City State Zip Code

Student Telephone # _____ Student E-Mail _____

Birth Date _____ Religion _____ Parish _____

Present School _____

Address _____
No. Street Apt# City State Zip Code

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Title or Position _____ Title or Position _____

Name of Company _____ Name of Company _____

Address _____ Address _____
No. Street City State Zip Code No. Street City State Zip Code

Father's E-mail _____ Mother's E-Mail _____

Business # _____ Business # _____

Cell # _____ Cell # _____

Check where appropriate: Father Deceased Mother Deceased Parents Divorced

Parents Together Parents Separated Father Remarried Mother Remarried

Please indicate how you wish all school mail to be addressed, including address of parent if not residing with student. Be sure to include titles (e.g. Mr., Mrs., Ms., etc.)

Name(s) _____

Address(es) _____

application for admission

(Over, please)

Please complete the following information for all children in your family:

| Name | Age | Gender (circle one) M/F |
|-------|-----|----------------------------|
| _____ | | M/F |
| _____ | | M/F |
| _____ | | M/F |
| _____ | | M/F |
| _____ | | M/F |

List any relatives who attend or have attended Immaculate Conception High School:

| Name | Relationship | Years Attended |
|-------|--------------|----------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

List any relatives who attend or have attended another Catholic High School:

| Name | Relationship | School | Years Attended |
|-------|--------------|--------|----------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Do you have any accomplishments or hobbies? _____

Do you play any sports? _____

Do you play any instruments? _____

Is there any illness or disability which may interfere with your studies or extracurricular activities? Yes No
If yes, please indicate (e.g. Asthma, Dyslexia, Learning Disability, ADD, etc.) and please explain. _____
