



## Application for Returning Students: 2018-2019 Academic Year

All currently enrolled families must submit this document to the ICSJ school office no later than **Monday, January 22, 2018**.

Family Last Name \_\_\_\_\_

Our child/ren will  Attend  Not Attend ICSJ for the 2018-2019 School Year.

If your child/ren will not attend the 2018-2019 school year at ICSJ, only complete Section C.

### Section A: RETURNING FAMILIES

This signed application and a \$500.00 non-refundable registration fee (see attached letter for details) must be submitted to the school office by January 22, 2018.

We will be applying for Tuition Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Returning students or siblings of current students who have not submitted an application by January 22, 2018 must pay a \$250.00 late fee and may be placed on a waiting list. There will be a \$500 fee assessed to families who make a change regarding half or full-day preschool enrollment after the Tuition Agreement Forms have been signed and submitted.**

### RETURNING STUDENT INFORMATION

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

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Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

If a student will be entering PreK4, please choose: PreK4 Half-Day \_\_\_\_\_ PreK4 Full-Day \_\_\_\_\_

### EXTENDED DAY SCHOOL CARE

Please circle expected extended care needs. A formal agreement will be sent mid-February.

**North Park:** 7:30 am      4:00 pm      5:30 pm

**Hill Street:** 7:15 am      4:30 pm      6:00 pm

The undersigned have read and understand this application and certify that the information is complete and accurate to the best of his/her knowledge. The undersigned agree to communicate in writing any changes contained herein to the ICSJ School Office. The undersigned understand that upon discovery of inaccuracy or intentional omission of information requested herein, the School reserves the right to revoke admission to Immaculate Conception-St. Joseph School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Section B: SIBLING INFORMATION**

New sibling applications were due to the school office on November 3, 2017. If you have not yet submitted this application, please contact Corey Jacobson at [cjacobson@icsjschool.org](mailto:cjacobson@icsjschool.org).

For future enrollment planning purposes, please list all siblings who are not yet of school age.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Section C: NON-RETURNING FAMILIES**

If you will not be returning to Immaculate Conception-St. Joseph School for the 2018-2019 school year, please complete the following.

Family Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate the reasons for your withdrawal.

\_\_\_\_\_

Please indicate the school your child/ren will attend.

\_\_\_\_\_

**All families must return this form to the school office by Monday, January 22, 2018.**

Immaculate Conception-St. Joseph School admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in this school. Immaculate Conception-St. Joseph School does not discriminate on the basis of gender, race, color, or national origin in administration of educational policies, athletic or other school administered programs.