

Family Information for Application

Immaculate Conception School

510 Oakwood Avenue, East Aurora, NY 14052

Phone: (716)652-5855; Fax: (716)805-0192

Website: <http://www.icschoolea.org>

PLEASE TYPE OR PRINT THE INFORMATION

Application Fee: \$50.00 per student (NEW FAMILY)

Application Fee: \$30.00 per student (sibling of student attending ICS)

Please remit fee with registration form.

Please enclose copies of birth certificate and baptismal certificate (if child was not baptized at Immaculate Conception Church). Thank you.

Household Name: _____ Household Language: _____

Household Address: _____

No. Street P.O. Box City/Town Zip

Telephone: () Email: _____

Father's Name: _____

Last First Full Middle

Father's Religion: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

No. Street P.O. Box City/Town Zip

Mother's Name: _____

Last First Maiden

Mother's Religion: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

No. Street P.O. Box City/Town Zip

Guardian Name: _____ Guardian Email: _____

(If applicable) (If different from Household)

Guardian Address: _____

No. Street P.O. Box City/Town Zip

Telephone: () Cell Phone: ()

Student's Legal Name: _____ Male _____ Female _____

Last First Full Middle

Address: _____ Grade (2024-25) _____

No. Street P.O. Box City/Town Zip

Telephone: () Birth Date: _____ School District: _____

Birth Place: _____ Date Entered United States: _____

City State Country (If outside the United States)

Parish Affiliation: _____ Religion: _____

Admitted from: _____ to Grade _____ Date: _____

Transferred from: _____ to Grade _____ Date: _____

Check where appropriate: Parents together: _____ Parents Divorced: _____ Parents Separated: _____

*If parents are divorced, a copy of the custody agreement must be provided to the school.

Student resides with: Both parents: _____ Mother: _____ Father: _____ Guardian: _____

Student Ethnicity: ___ Caucasian ___ Black ___ Hispanic ___ Asian ___ Alaskan ___ Multiracial ___ American Indian

Siblings Name(s) and Age(s): _____

Maternal Grandparents: _____

Address: _____

No. Street

P.O. Box

City/Town

Zip

Paternal Grandparents: _____

Address: _____

No. Street

P.O. Box

City/Town

Zip

Emergency Contacts besides parent(s), grandparent(s), guardians(s):

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Business Phone: _____ Cell Phone: _____

Sacraments:

Baptism: _____
Date Church City and State

First Reconciliation: _____
Date Church City and State

First Eucharist: _____
Date Church City and State

Application Fee Received: _____ Birth Certificate Received: _____ Baptismal Certificate Received: _____