

NEW STUDENT ENROLLMENT APPLICATION

Please print clearly. Mailings are automatically sent to the address where the student resides. If a parent/stepparent/guardian does not reside at the primary/student address, complete the ADDITIONAL MAILING ADDRESS section.

STUDENT NAME: _____
LAST
FIRST (LEGAL)
MIDDLE INITIAL

STUDENT BIRTH DATE: (Month/Date/Year) _____ SEX: (Check One) F M

STUDENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ Check if a cell phone Check if land line no longer used

CURRENT GRADE: _____

PREFERRED EMAIL FOR PARENT CONTACT: _____

HOW SHOULD MAIL BE ADDRESSED TO THE PARENT/STEPPARENT/GUARDIAN AT THE PRIMARY MAILING ADDRESS? _____

(Example: Mr. and Mrs. John Smith, Dr. and Mrs. John Smith, Ms. Sally Smith, Mr. John Smith...)

***** ADDITIONAL MAILING ADDRESS *****

Indicate how mail should be addressed to parent/stepparent/guardian who does **NOT** reside with student.

Name: _____ Suffix: _____ (Sr., Jr., etc.)
Dr. / Mr. / Mrs. / Ms. (please specify)

Address: _____ City: _____

State: _____ Zip: _____

THE SECTION BELOW MUST BE COMPLETED.

ACADEMIC SERVICES/ACCOMMODATIONS – SPECIAL NEEDS

IC Catholic Prep provides limited special education services to students with documented needs. Academic services we have been able to provide students are: extended time, modified tests and/or assignments, alternate setting for testing and the use of electronic devices.

YES NO My son/daughter receives educational services or accommodations.

If yes please check the appropriate box below:

- Student has an **officially diagnosed and documented IEP**. Please provide a copy of the IEP.
- Student has an **officially diagnosed and documented 504 Plan**. Please provide a copy of 504 Plan.
- Student has special needs or concerns that have not been diagnosed or documented.

Please explain: _____

OFFICE USE ONLY

DATE ENTERED: _____

CLASS OF: _____

APPLICATION FEE PAID: _____

CHECK #/CASH: _____

STUDENT'S EDUCATION INFORMATION:

Current School: _____ Grade: _____ City: _____

What Public School District do you live in? _____

IF TRANSFER STUDENT; FROM WHAT GRADE SCHOOL / JUNIOR HIGH DID YOU GRADUATE FROM?

School Name: _____ City: _____

RACE / ETHNICITY: (Please respond to both questions)

Hispanic / Latino: (Check one) No, Not Hispanic / Latino Yes, Hispanic / Latino

RACE: (Check one or more, regardless of Hispanic / Latino status checked above)

African American / Black American Indian / Alaskan Native Asian

Caucasian / White Native Hawaiian / Other Pacific Islander

Primary language spoken at home: _____

SIBLING INFORMATION:

Younger Sibling(s):

Name: _____ Grade School: _____ Grade: _____

Older Sibling(s) :

Name: _____ High School: _____ Grade: _____

or College

HOME SITUATION: *The following information will be helpful to us in guiding the educational, spiritual and personal development of each student. Please check all boxes that indicate your family situation at home.*

Student lives with: Both Parents Mom Only Dad Only Mom & stepdad Dad & stepmom

Other (please indicate name and relationship to student): _____

Check if appropriate: Parents separated Parents Divorced Mom remarried Mom deceased

Dad remarried Dad deceased

If not living with both parents, who has custodial rights? _____

RELIGION: (Check one) Catholic Non-Catholic

Name of Parish / Church you are currently a member /attending: _____

If Catholic, will the student be confirmed before entering high school? YES NO

If Yes, please list the location (parish) where student was / will be confirmed and date: _____

**MOTHER / FEMALE GUARDIAN'S
INFORMATION:**

Title: Dr. Mrs. Ms. Other: _____

First Name: _____

Last Name: _____

Maiden Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____

Cell Phone: _____

Email: _____

High School: _____

If ICCP Alum, what Grad Year? _____

College: _____

Employer: _____

Occupation/Job Title: _____

Work Address: _____

Work Phone: _____

Matching Gift Company? _____

**FATHER / MALE GUARDIAN'S
INFORMATION:**

Title: Dr. Mr. Other: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____

Cell Phone: _____

Email: _____

High School: _____

If ICCP Alum, what Grad Year? _____

College: _____

Employer: _____

Occupation/Job Title: _____

Work Address: _____

Work Phone: _____

Matching Gift Company? _____

**RATE WHAT INFLUENCE THESE AREAS HAD ON YOUR DECISION TO ATTEND
IC CATHOLIC PREP (1 Least to 5 most):**

Academics/Curriculum	1	2	3	4	5
Athletics	1	2	3	4	5
College Acceptance	1	2	3	4	5
Environment	1	2	3	4	5
Extra Curricular Clubs & Activities	1	2	3	4	5
Financial Aid	1	2	3	4	5
Leadership Opportunities	1	2	3	4	5
Location	1	2	3	4	5
Scholarships	1	2	3	4	5
Size	1	2	3	4	5
Spiritual Formation	1	2	3	4	5
Tuition	1	2	3	4	5
Other:	_____				