

**Immaculata Catholic School**  
711 Buncombe Street, Hendersonville, NC 28791 (828) 693-3277

**2018-2019**

Grade Applying For \_\_\_\_\_

**Application for Grades K-8 Admission**

Date of Application \_\_\_\_\_

Please return the application and the following items. Applications are not complete until all items are received. (Returning students: \*Forms that may already be on file are marked with an asterisk)

- \_\_\_\_\_ \$125.00 non-refundable application fee for returning students  
(after March 15, 2018, the non-refundable application fee will be \$175)
- \_\_\_\_\_ Copy of Birth Certificate\*
- \_\_\_\_\_ Copy of student's baptismal certificate\*
- \_\_\_\_\_ Copy of student's current year report card and previous final report card\*
- \_\_\_\_\_ Copy of the student's current and previous year standardized test scores\*
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ Current Physical Exam for any middle school student who plans to play any sports  
(Form can be picked up in school office)
- \_\_\_\_\_ Parish Participation Subsidy Voucher

*\*Please print all information clearly and legibly*

**I. Child's Information** Previous School Attended (if applicable) \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female  Race \_\_\_\_\_

Names, grades, and ages of other children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state the primary language spoken in the home \_\_\_\_\_

**Religion: Please specify for each – Roman Catholic (RC) or non-Catholic (NC):**

Student \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

If Catholic, Parish Registered \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has applicant received First Eucharist? Yes  No  If yes, date received. \_\_\_\_\_

If Non-Catholic, Name of Religion \_\_\_\_\_

Has the applicant been baptized? Yes  No  Name of Church \_\_\_\_\_

\*Continued on other side\*

**II. Parent Information**

*\*Please print all information clearly and legibly*

*With whom does the applicant reside?* \_\_\_\_\_

*\*\*Court documents are required for legal custody cases\*\**

*Father's Name (or Legal Guardian)* \_\_\_\_\_

*Father's Address (if different from applicant)* \_\_\_\_\_

*Telephone Numbers: (H)* \_\_\_\_\_ *(C)* \_\_\_\_\_ *(B)* \_\_\_\_\_

*Email (required for school communication)* \_\_\_\_\_

*Company Name* \_\_\_\_\_ *Occupation Title* \_\_\_\_\_

*Company Address* \_\_\_\_\_

*Mother's Name (or Legal Guardian)* \_\_\_\_\_

*Mother's Address (if different from applicant)* \_\_\_\_\_

*Telephone Numbers: (H)* \_\_\_\_\_ *(C)* \_\_\_\_\_ *(B)* \_\_\_\_\_

*Email (required for school communication)* \_\_\_\_\_

*Company Name* \_\_\_\_\_ *Occupation Title* \_\_\_\_\_

*Company Address* \_\_\_\_\_

**III. School Information**

**Has the applicant ever received auxiliary services such as outside tutoring, psychological or educational testing, speech/language assistance, or professional counseling?    yes    no**

**If yes, please explain and provide a copy of any test result.**

\_\_\_\_\_  
\_\_\_\_\_

**IV. Medical Information**

**Does the applicant have any known allergies?    yes    no**

**If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

**Has the applicant been hospitalized for significant medical treatment?    yes    no**

**If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

**Has a physician ever prescribed any medication for attention or emotional concerns, or is the applicant presently receiving such medication?    yes    no**

**If yes, list medication and possible side effects:** \_\_\_\_\_

\_\_\_\_\_

**List any other health or learning considerations needed for this child:** \_\_\_\_\_

\_\_\_\_\_

**These statements are true and accurate to the best of my knowledge. I have enclosed a check for \$125 for the early registration fee per student (after March 15, 2018, registration fee will be \$175).**

**Signature of Parent and or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_