



Application for Returning Students: 2019-2020 Academic Year

All families must submit this document to the ICSJ school office no later than **Tuesday, January 22, 2019.**

Family Last Name _____

Our child/ren will attend will not attend ICSJ for the 2019 - 2020 School Year.

If your child/ren will not attend the 2019-2020 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, 2019.

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, 2019 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 _____

Student's Name _____ Birth Date _____ Entering Grade _____

Student's Name _____ Birth Date _____ Entering Grade _____

Student's Name _____ Birth Date _____ Entering Grade _____

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 indicate your family's 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 9, 2018. If you have not yet submitted this application, please contact Corey Jacobson at 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 2019-2020 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
Tuesday, January 22, 2019.**

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.