

IMMACULATE CONCEPTION SCHOOL

726 South Shamrock Ave, Monrovia, CA 91016

(626) 358-5129

NEW STUDENT REGISTRATION FORM

_____ e-mail address

_____ Student's Last Name	_____ First Name	_____ Middle Name	_____ Grade entering	_____ Sex	_____ Birthdate	_____ Place of Birth
_____ Home Address	_____ City, Zip Code		_____ Home Phone		_____ Soc. Sec. #	
_____ Father's Last Name	_____ First Name	_____ Middle Name	_____ Religion	_____ Marital Status	_____ Occupation	
_____ Mother's Last Name	_____ First Name	_____ Middle Name	_____ Religion	_____ Marital Status	_____ Occupation	
_____ Guardian's Last Name	_____ First Name	_____ Middle Name	_____ Religion	_____ Marital Status	_____ Occupation	
_____ School previously attended	_____ Address		_____ City	_____ Zip	_____ Telephone	

Sacramental Information

_____ Baptism Date	_____ Church	_____ City	_____ State	_____ Country
_____ First Communion Date	_____ Church	_____ City	_____ State	_____ Country
_____ Confirmation Date	_____ Church	_____ City	_____ State	_____ Country

Are you a registered member of Immaculate Conception Church? _____ Yes _____ Envelope # _____ No
How did you hear about us? Website Parish other _____