

IMMACULATE CONCEPTION SCHOOL
REGISTRATION
SCHOOL YEAR 2021-2022

1

1. Registration fee is due with this form: **\$155.00 per student**

PLEASE NOTE: REGISTRATION FEE IS NON-REFUNDABLE



Name of Child _____ Grade _____
Last First Middle

DOB _____ SSN: _____

2. PLEASE SELECT THE PAYMENT PLAN BELOW. NOTE: FIRST PAYMENT IS DUE BY JULY

Plan A: \$4,510.00 per year

Montessori Pre-K 4

Registration \$155.00 (one-time fee)
Additional Fees \$170.00 (one-time fee)
Monthly Tuition \$410.00
\$735.00

Kinder- 8th Grade

Registration \$155.00 (one-time fee)
Additional Fees \$255.00 (one-time fee)
Monthly Tuition \$410.00
\$820.00

Plan B: \$3,410.00 per year plus mandatory participation in two raffles to meet tuition costs.

Montessori Pre-K 4

Registration \$155.00 (one-time fee)
Additional Fees \$170.00 (one-time fee)
Monthly Tuition \$310.00
\$ 635.00

Kinder- 8th Grade

Registration \$ 155.00 (one-time fee)
Additional Fees \$ 255.00 (one-time fee)
Monthly Tuition \$ 310.00
\$ 720.00

3. Breakdown of one time fees.

Montessori & Pre-Kinder	Kinder thru 8 th grade	Additional
Text/Materials Fees \$130.00	Text/Materials Fees \$190.00	First Comm. /Retreat Fee 3 rd Grade \$60.00
Student Insurance 10.00	Student Insurance 10.00	Transportation (Roma) \$50.00/ month
Technology Fee 20.00	Library 10.00	After School Care \$40.00 / month
Library <u>10.00</u>	Technology Fee 20.00	Graduation Fee 8 th Grade \$100.00
. \$170.00	Testing Fee <u>25.00</u>	Athletic Fee 6 th - 8 th \$75.00
	\$255.00	

Please note that your child's registration at ICS is secured when:

- All current year tuition, PTO fund-raisers, and other fees are paid.
- This registration form is signed, completed, and returned to the office.

ALL FAMILIES ARE REQUIRED TO PARTICIPATE IN PTO FUNDRAISERS THAT ARE NOT RELATED TO TUITION COSTS.

Financial Aid forms along with guidelines may be picked up at the office, if needed. The amount of money awarded to each family is dependent on the amount of money available for this purpose for the given year.

The 2021 - 2022 Student-Parent Handbook will be available at the beginning of the school year.

Immaculate Conception School
Application Form
2021-2022

I. REQUIRED DOCUMENTS FOR ALL NEW STUDENTS:

- | | |
|----------------------------|--|
| 1.) Birth Certificate | 4.) Immunization Record and TB test are required (must be on file before or on date of registration) |
| | Students will not be allowed in the classroom without this information. |
| 2.) Baptismal Certificate | |
| 3.) Social Security Number | 5.) If from another country, a Student Visa (F-1) |

II. REQUIRED DOCUMENTS FOR TRANSFER STUDENTS:

Name of Previous School: _____

Address: _____

- 1.) Medical Records
- 2.) Recent Report Card

III. PARENTS' MARITAL STATUS

_____ Married _____ Divorced _____ Separated _____ Widowed _____ Single

IV. CHILD LIVES WITH

_____ Both Parents _____ Mother Only _____ Father Only _____ Other _____
(Name & Relationship)

V. FAMILY INFORMATION

Father _____
(Last) (First) (Middle)

Physical Address _____ City _____ Zip _____

Cell _____ Work _____ E-mail _____

Religion _____ Church Registered At _____ Church Attending _____

Mother _____
(Last) (First) (Middle)

Physical Address _____ City _____ Zip _____

Phone _____ Work _____ E-mail _____

Religion _____ Church Registered At _____ Church Attending _____

Name: _____ Grade: _____

VII. ETHNIC BACKGROUND OF STUDENT

____White ____Black ____Hispanic ____Asian ____American Indian ____Multiracial

Emergency Contacts

In case of emergency in which the parents cannot be reached, please call

Last _____ First _____ Relation _____ Phone _____

Last _____ First _____ Relation _____ Phone _____

People responsible for pick-up or carpool students

Last _____ First _____ Relation _____ Phone _____

Last _____ First _____ Relation _____ Phone _____

Health Information

1. List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, blood pressure abnormalities, etc.

2. Is there any need for medication at school? If so, list medication to be taken.

3. Are there any special concerns that you have regarding athletic, physical education, or sports participation for your child?

I, the undersigned, do hereby authorize the officials of Immaculate Conception School to contact directly the person named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold Immaculate Conception School financially responsible for the emergency care and/or transportation for said child.

Parent Signature _____

Date: _____

Physician _____

Address _____ City _____ Zip _____ Phone _____

IMMACULATE CONCEPTION SCHOOL
 305 N BRITTON AVE
 RIO GRANDE CITY, TEXAS 78582
 (956) 487-2558

TERMS OF CONDITIONAL ACCEPTANCE
 2018-2019

The Administration of IMMACULATE CONCEPTION SCHOOL AGREES TO ACCEPT

Students' Name

As a full time student at IMMACULATE CONCEPTION SCHOOL for a period of 3 months.

This conditional acceptance is granted to determine the student's ability to meet the expectations of the school program. The student must maintain passing grades and acceptable behavior as outlined in the current IMMACULATE CONCEPTION SCHOOL HANDBOOK.

The administration of IMMACULATE CONCEPTION SCHOOL will determine the status of continued enrollment at the end of the designated time.

I/We have read and understand the terms of the above. I/We do accept these terms and choose to enroll our son/daughter at IMMACULATE CONCEPTION SCHOOL under the above terms. I/We are fully aware that there is no guarantee of re-enrollment if these terms are not satisfactorily met.

Administrator/Principal

Parent/Guardian

Date

DIOCESE OF BROWNSVILLE CATHOLIC SCHOOL OFFICE

Immaculate Conception Catholic School

PARENTAL PERMISSION FOR GROUPS

My child_____has my permission to participate in groups counseling with the school counselor.

I understand that my child may withdraw from groups after four weeks. It is recommended he/she stay in the group for four weeks in order to adjust to the setting. I understand that the group is not meant to replace individual counseling. The school counselor will notify me at any time she sees my child might need to seek individual counseling.

I understand that all group sessions are confidential except under the following conditions: 1) The person directs the school counselor to tell someone, 2) any indication of physical harm to self and other, 3) any indication of sexual or physical abuse or a minor and/or 4) court mandated disclosure.

INFORMED CONSENT

I understand the benefit of group is assisting children learn and gain new information regarding his or her behavior. It also provides the opportunity to practice new skills learned, I agree to support my child with the skills learned in groups.

As your child's group leader, I will conduct all group sessions and I in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding group goals.

If you have any question, please feel free to ask me. Please sign and date this form signifying your understanding and consent to group services for your child.

Please mark which group you want your child to attend,

Anger management_____

Self-esteem_____

Parent/Guardian

Telephone#

Cell

Parent/Guardian Signature

Date

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