



Immaculata Catholic School
Since 1909
Celebrating 100 years of Excellence

Application Portfolio
2009-2010

/

Last name

/

First Name

/

09-10
Anticipated Grade

Where Faith and Knowledge Grow
721 Burch Avenue * Durham, NC 27701 * 919.682-5847 * fax 919.956.7073
office@icdurham.org

APPLICATION FORM

2009-2010 Anticipated Grade _____

_____/_____/_____
Applicant's Last Name First Name Middle Name Goes By

_____/_____/_____
Gender Age Date of Birth Last School Attended City/State Dates Attended

_____/_____/_____
Street Address City State Zip Home Tele

Religion _____ Parish _____ Applicants first language (if other than English) _____
(if applicable)

_____/_____/_____
Sibling Age School

_____/_____/_____
Sibling Age School

Primary Residence: Mother & Father Mother Only Father Only Joint Custody Parent & Stepparent
 Other _____
Relationship (Guardian, Grandparent, etc)

FATHER'S INFORMATION

MOTHER'S INFORMATION

_____/_____
Father's Last Name First Name

Work Tele (_____) _____ ext. _____

_____/_____
Occupation Employer

(_____) _____
Cell Phone Email address

_____/_____
Religion Parish (if applicable)

If different from child's please enter your address information below.

Street Address

_____/_____/_____
City State Zip

(_____) _____
Home Tele

_____/_____
Mother's Last Name First Name

Work Tele (_____) _____ ext. _____

_____/_____
Occupation Employer

(_____) _____
Cell Phone Email address

_____/_____
Religion Parish (if applicable)

If different from child's please enter your address information below.

Street Address

_____/_____/_____
City State Zip

(_____) _____
Home Tele

Parent(s)/guardian speak(s) and/or understand(s) English? Yes No

Please list any Adult family members who reside at applicant's home address:

Name _____ Relationship _____ | Name _____ Relationship _____

Applicant previously applied? Y N

If yes, date & status (Accepted, Declined, Waiting List, Prospect List, Withdrew) _____

Has the applicant, to your knowledge, ever been suspended, expelled, or dismissed from school, camp, or other youth program? Yes No

Has this applicant to your knowledge ever been accused, charged, and/or convicted of a crime? Yes No

Please supply additional information concerning applicant that you feel would benefit his/her school experience:

How did you hear about Immaculata? Church Bulletin _____ Newspaper _____ Friend _____ Other _____

Parent Signature Date

Application Instructions

All items listed **MUST** be received before application will be reviewed:

- Completed Application Form (Opposite)
- \$75 Non-Refundable Application Fee
- Parent Copies of Progress Reports/Report Cards from any formal school/daycare attended
- Copies of Assessments relating to Specific Needs, if applicable
- Copy of official Birth Certificate
- Copy of official Baptismal Certificate from Catholic parish (if applicable).
- Signed Parishioner Good Standing Letter from Catholic Parish, if applicable (letter available from Immaculata school office or your parish)
- Teacher Recommendation Forms as instructed below:
 - PreK -& K – 1 Teacher/ Caregiver
 - Grades 1-5 – 1 current core Teacher and 1 additional core Teacher
 - Grades 6-8 – 1 Current Language Arts Teacher, 1 Current Math (if LA and Math are taught by the same teacher, submit a Recommendation Form from an additional current Teacher.)
- Teacher Recommendations must be mailed or faxed by the teacher/caregiver directly to the school.

School Visitation and Screening

All applicants will be asked to visit their current grade. During this visit the applicant will be screened. A **\$50 non-refundable screening fee** for grades PK-8 is required on the day of the screening. Upon receipt of the application form and the \$75 application fee, the Director of Admissions will schedule the visit and provide specific details.

Submit Application Portfolio to: Immaculata Catholic School
 721 Burch Avenue
 Durham, NC 27701
 Fax: 919-956-7073 or Email: office@icdurham.org

Inquiries: Glenda Moser, Admissions Director
 Tele: 919-682-5847 ext. 262
 Email: moserg@icdurham.org

Office Use:

_____ \$75 Non-Refundable Application Fee Check # _____ Date _____

_____ Report Card/Progress Report

_____ Teacher/Caregiver Recommendation

_____ Specific Needs Assessment

_____ Parish Letter

_____ Birth Certificate

_____ Certificate of Baptism

Visitation/Screening

Date _____

Visiting HR _____

\$50 Non-Refundable Screening Fee

Check # _____ Date _____

	Initials	Date
AD	_____	_____
P	_____	_____
AP	_____	_____
DC/T	_____	_____

Start Date _____

Homeroom Assigned _____

STATUS

Date Accepted _____ Date Withdrew Application _____

Date Rejected _____ Date Declined _____ Date Wait Listed _____

Prospect List _____