

IMMACULATE CONCEPTION PREPARATORY SCHOOL
152 CONSTANT SPRING ROAD
KINGSTON 8.

APPLICATION FORM

DATE: _____

I desire my child to enter Immaculate Conception Preparatory School in:

MONTH: _____

YEAR: _____

CHILD'S NAME: _____
Surname

Christian Name

DATE OF BIRTH: _____

PLACE: _____
Country

LAST SCHOOL ATTENDED (IF ANY) _____ GRADE: _____

RELIGION OF CHILD: _____
(Specify Denomination)

IF ROMAN CATHOLIC, DATE OF BAPTISM _____

CHURCH WHERE
BAPTIZED: _____

FATHER'S NAME: _____ RELIGION: _____

FATHER'S OCCUPATION: _____ (Specify Denomination)

NAME & ADDRESS OF

BUSINESS PLACE: _____

TELEPHONE NOS. : Home: _____ Office: _____

MOTHER'S NAME: _____ MAIDEN NAME: _____

MOTHER'S OCCUPATION: _____ RELIGION : _____

NAME & ADDRESS OF _____ (Specify Denomination)

BUSINESS PLACE: _____

TELEPHONE NOS. : Home: _____ Office: _____

HOME ADDRESS: _____

I the undersigned, agree to comply with the regulations of the school and promise to pay all fees at the
BEGINNING OF EACH TERM (if my daughter is accepted).

SIGNATURE OF PARENT/GUARDIAN: _____

Not valid without parent's signature.

**PLEASE NOTE: IT IS ESSENTIAL THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS AND/OR
TELEPHONE NUMBERS.**

DATE RECEIVED: _____

(For official use only)

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Immaculate Conception Preparatory School focuses on the education of young students from age four to twelve.

Classes are organized as follows:

<u>AGE</u>	<u>CLASS</u>
4 years	Kindergarten 1
5 years	Kindergarten 2
6 years	Grade 1
7 years	Grade 2
8 years	Grade 3
9 years	Grade 4
10 years	Grade 5
11 years	Grade 6

I understand the system at Immaculate Prep. and I will support it.

Child's Name: _____ Age: _____

Parent's Signature: _____

Father

Mother

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Dear Parent/Guardian:

IMMACULATE CONCEPTION PREPARATORY SCHOOL IS A CATHOLIC SCHOOL WHERE CHRISTIAN PRINCIPLES AND IDEALS ARE UPHELD AND WHERE SCRIPTURE IS TAUGHT TO ALL.

ALTHOUGH CATHOLIC DOCTRINE IS TAUGHT TO CATHOLICS ONLY, WE EXPECT ALL CHILDREN TO TAKE PART IN THE VARIOUS PROGRAMMES AND CELEBRATIONS HELD DURING OUR SCHOOL YEAR – SUCH AS

- 1. CHRISTMAS PROGRAMMES - CELEBRATING THE BIRTH OF JESUS**
- 2. SPORTS DAY ON SATURDAY**
- 3. MAY DEVOTIONS TO MARY**

We also expect all our parents to co-operate and participate in activities put on by the school.

Yours sincerely

Elizabeth Jackson (Mrs.)
Principal

We agree to let our child/children take part in the various school programmes listed above and all other celebrations which she/they should attend.

NO EXEMPTIONS WILL BE ACCEPTED.

CHILD'S NAME: _____ GRADE: _____

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

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Dear Parent/Guardian:

As directed by the BOARD - BANK VOUCHERS (PROOF OF PAYMENT) must be presented before school reopens each term. Failure to do this will result in your child not being accepted at school.

You will be notified each term of the days and time to present these vouchers.

Sincerely

Elizabeth Jackson (Mrs.)
Principal

I have read and taken note of the contents above.

Signature: Parent/Guardian