

Immaculate Conception Academy

A Cristo Rey School in the Dominican Tradition

APPLICATION FOR ADMISSION

Application Check List:

- Application Form
- Recent Student Photo
- 7th Grade Report Card
- 8th Grade Report Card
(For Transfer Students: Report cards from the previous 2 years)
- Student Essay
- Parent Essay
- Copies of Birth Certificate and Social Security Card
- Copies of Baptism/Communion/Confirmation Certificate
- Parent(s) 2010 Federal Tax return with W2's
- Non-refundable \$25.00 Application Fee

Please mail or bring completed application to:

ICA
Attn: Gina Espinal-Aguerre
3625 – 24th Street
San Francisco, CA 94110

FOR OFFICE USE:

Application received on: _____ Application Fee: _____ Cash: _____ / Check: _____ Received by: _____

Approved: _____ Interview Set: _____ Date: _____ Time: _____ Interviewer: _____



415.824.2052
www.icacademy.org

MEMBER OF THE
CRISTO REY NETWORK[®]

APPLICATION FORM

Please type or print

APPLYING FOR GRADE:

9(Freshman) _____ 10(Sophomore) _____ 11(Junior) _____

Student's Name _____
Last First Middle Social Security Number

Home Address _____
Number & Street City State Zip

Home Phone (____) _____ Birth Date _____ Place of Birth _____
Month Day Year City/State/Country

Student's Email Address _____ Cell (____) _____

U.S. Citizen Yes ___ No ___ If not a U.S. Citizen, type of visa or classification _____

Religion _____ Parish/Church _____

Sacraments Received:

Baptism:

Date Place

Verified

Holy Communion:

Date Place

Verified

Confirmation:

Date Place

Verified

OFFICE USE:

SCHOOL HISTORY (Start with most recent)

	<u>Name of School</u>	<u>Address-City/State/Zip</u>	<u>Phone</u>	<u>Grades Attended</u>	<u>Years</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Mother's Legal Name (last, first, middle) _____

Mother's Email Address _____ Mother's cell _____

Job Title _____ Work Phone _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Father's Legal Name (last, first, middle) _____

Father's Email Address _____ Father's cell _____

Job Title _____ Work Phone _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Applicant lives with (check all that apply)

- | | |
|-----------------------------------|-------------------------------------|
| _____ Both parents | _____ Grandparent |
| _____ Mother only | _____ Guardian |
| _____ Father only | _____ Stepmother (father remarried) |
| _____ Mother/Father joint custody | _____ Stepfather (mother remarried) |

LEGAL GUARDIAN (If not living with parent)

Name (last, first, middle) _____ Relationship: _____

Email Address _____ Cell _____

Job Title _____ Work Phone _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Full legal responsibility for this applicant is with (check all that apply)

- | | |
|---|----------------------|
| _____ Both parents | _____ Grandparent(s) |
| _____ Mother only | _____ Guardian |
| _____ Father only | _____ Stepmother |
| _____ Mother/Father shared responsibility | _____ Stepfather |

HOUSEHOLD INFORMATION

Number of individuals who reside in your household:

____ Parents/Guardians ____ Children ____ Other, Relationship: _____

SIBLINGS

	<u>Name</u>	<u>Age</u>	<u>School Attending</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ETHNIC BACKGROUND (Check appropriate spaces)

Applicant

_____ Native American/Alaskan	_____ Chinese	_____ Japanese
_____ Native Haw/Pac Island	_____ Filipino	_____ Other Asian
_____ African American	_____ Hispanic	_____ White
_____ Multi Racial		

Primary Language(s) spoken at home _____

Language(s) applicant reads and writes _____

If members of the family are currently enrolled or have graduated from ICA please list them here:

Name	Grad Year	Relationship
_____	_____	_____
_____	_____	_____

The **High School Placement Test** is required of all 9th grade applicants.
HSPT is to be taken only once at any of the Catholic High Schools.

I WILL TAKE THE HIGH SCHOOL PLACEMENT TEST AT:

ICA____(Saturday, January 7, 2012) OTHER (specify where & when)_____

Has the applicant had an educational assessment by a Learning Specialist, and/or an IEP?

_____ No _____ Yes If yes, Date(s) _____

Please note: Students with documented learning disabilities may be eligible for extended time testing. Please enclose proper documentation with this application. You will be contacted by our Admissions Dept.

Applicant Statement On a separate sheet please respond to the following:
Three (3) things I want ICA to know about me; include your main interests!
What are your reasons for attending ICA?

Parent Statement Please attach a separate sheet and indicate in writing:
Why you are interested in having your daughter attend Immaculate Conception Academy?

PARENT AUTHORIZATION FOR RELEASE OF RECORDS/RECOMMENDATIONS

I hereby give my consent to Immaculate Conception Academy to obtain all pertinent educational records about my daughter, including transcripts, standardized test scores and recommendations. This signature also authorizes release of high school placement test scores to the student's elementary school.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____