



Parish Day School Intention Form

Immaculate Conception Catholic School
2089 Hanley Road
Dardenne Prairie, MO 63368

Telephone – 636.561.4450
Fax – 636.625.9020
www.icdschool.org
icdschool@icdschool.org

Date: _____

Name of Child: _____
First Middle Last

Date of Birth: _____ (MM/DD/YYYY) Gender: M or F Baptized in the Catholic Church? Y or N

It is my intention for my child to enter ICD Parish School in the year _____, at grade level _____

My child is currently attending school/pre-school/day-care (if applicable) at _____

Address: _____ City/State _____

Siblings with Grade levels: _____

Current member of Immaculate Conception Parish? Y or N

Approximate date of registration with Immaculate Conception Parish _____

OR, Present member of _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Address: _____
Street City Zip

Cell Phone: _____ Cell Phone: _____
Father Mother

Email: _____ Email: _____
Father Mother

Priority of Admission – Outlined in Parent Handbook

- A. Active Parishioner families with children already attending Immaculate Conception Catholic School
- B. Parishioners of Immaculate Conception, Dardenne
- C. Non-parishioner Catholic with written permission from their pastor
- D. Non-Catholics: Parents must agree to their children's religion education and participation in religious activities. Enrollment of Non-Catholic students will not be confirmed until August 1st of the coming school year. Confirmation of enrollment will be on a year to year basis.

OFFICE USE ONLY

CONTACTED BY: _____ ON DATE: _____ CONFIRMED INFORMATION: _____

ENROLLMENT INTENTIONS: _____