2026-2027

APPLICATION FOR ENROLLMENT
PRE-K 1 - GRADE 8

ICS CELTICS

Application/ Testing Fee $50 is non-refundable

REGISTRATION FORM

Applying for Grade _____ for 2026-2027 School Year

Date of Application: _____

STUDENT INFORMATION

STUDENT NAME

Last Name: **First Name:** **Middle Initial:**

Birth Date (month/day/year)

_____/_____/_____

Male_____ Female_____

Address:

Zip:_____

Mother's Name : **Cell Phone:**

Father's Name : **Cell Phone:**

Parent E-Mail :

The following information is needed to give your child the fullest opportunity to succeed in all aspects of their education:

Has your child received/recieve specialized services (ie IEP, speech, physical therapy,OT or 504?) _____

If Yes, please explain: _____

_____

☐ I acknowledge that religious and medical exemptions are not accepted for vaccinations
(All Incoming Kinder & 7th must be fully vaccinated.)

Parent Name (Print): _____ **Parent Signature:** _____

FOR OFFICE USE ONLY:
Screening/ Interview scheduled for:_____
Birth Certificate:_____
Health/Immunization Records:_____
Signed Registration Form:_____
Signed Tuition Agreement_____
Baptismal Cert. _____
Sacraments:_____
Report Cards:_____
Standardized Tests:_____

FOR ADMINISTRATIVE USE ONLY:
Accepted:_____ Grade:_____ Date: _____

Wait List:_____ Grade:_____ Date: _____

Notes:_____
_____
_____

Principal Signature:_____