



We Welcome You!

Immaculate Conception School is a unique Catholic Christian Community founded in 1911 to foster the spiritual, intellectual, social, and physical growth of its students. The school shares with the family the education mission of the Catholic Church in a spirit of dedication and love, based on the gospel message.

The faculty and staff of Immaculate Conception School recognize that each child has unique gifts and talents from God. Therefore our mission is to encourage the fullest development of each student's spirituality and her/his academic, physical, and social capabilities.

Thank you for your interest in Immaculate Conception School.

Immaculate Conception School is comprised of three separate buildings housing students from Pre-School to grade 8. The Convent School is an early childhood center which houses Pre-School, Pre-K, K, and Grade 1. The Lower School includes Grades 2 - 5, the main library, and the computer lab. The Upper School has grades 6 - 8 and is run as a true middle school model. We are fully accredited by the New England Association of Schools and Colleges Commission on Independent Schools. Our challenging, academic curriculum is rooted in faith and guided by gospel values.

Tours of our school and informational sessions are held monthly from October through March. Please complete an application form and return the form with the appropriate fee to begin the admission process.

Please call Mrs. Nina Forster at 508-460-3401 for updated tuition information.

Please mail both pages of the application form to:

Mrs. Jaimie Goliger, Admissions Coordinator
Immaculate Conception School
25 Washington Court
Marlborough, MA 01752

If you have any questions, please call me.

Sincerely,

Mrs. Martha M. McCook, Principal

Maternal Grandparents: _____

Address: _____ E-Mail Address: _____

Is the child a baptized Roman Catholic? **Y or N** If no, please indicate faith: _____

Baptismal Date: _____ Parish: _____ City/State: _____

Is the child currently enrolled in a daycare center or family daycare? **Y or N** If **Y**, name of daycare _____

Please indicate your preferred schedule: 5 Full School Days 7:45 am- 1:45 pm OR 5 Mornings 7:45 am-11:00 am

Other: _____

Would you be interested in our Extended Day Program? **Y or N** 2 Options: 1:45-4:00 pm or 1:45-6:00 pm

**Extended day fees are separate from tuition

FAMILY INFORMATION

Current Parish (if Catholic): _____ Are you registered? **Y or N** Envelope Number: _____

Child lives with (Please Circle): Mother Father Both Parents Parent/Step-Parent Guardian

Other siblings: _____ Age(s) _____

How did you hear about Immaculate Conception School? _____

Did you or any other family member attend Immaculate Conception School?

_____ Graduation Date _____

Why do you wish to enroll your child in a Catholic Pre-School?

Has the child received special testing/services? **Y or N** If yes, what test/services?

Does child follow an Individual Education Plan? _____

Parent Signature: _____ Date: _____

Please return this form with a \$45.00 non-refundable application/screening fee in the form of a check to Immaculate Conception School. Please send to:

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