

Registration Fee - Date Paid _____

\$75/Student _____

\$150/Family _____



Immaculate Conception Grade School (907) 456-4574

Monroe Junior/Senior High School (907) 452-2044

FAX (907) 452-5978

615 Monroe Street, Fairbanks, AK 99701

Returning Student Registration Form

In an effort to keep our records current, we ask you to please fill out this information as completely as possible. Parent information changes often. This information is necessary to keep you informed about school activities and your child's progress.

Student's Full Name _____

Grade Next Year _____

Parish _____

Sex

M F

M F

M F

M F

Parent/Guardian Info

Mother's Name _____

Home Phone # _____

Mailing Address _____

Physical Address _____

City, State, ZIP _____

Cell Phone # _____

Employer _____

Work Phone # _____

E-mail _____

Fax # _____

Father's Name _____

Home Phone # _____

Mailing Address _____

Physical Address _____

City, State, ZIP _____

Cell Phone # _____

Employer _____

Work Phone # _____

E-mail _____

Fax # _____

Guardian (if different from parent) _____

Home Phone # _____

Mailing Address _____

Physical Address _____

City, State, ZIP _____

Cell Phone # _____

Employer _____

Work Phone # _____

E-mail _____

Fax # _____

With whom does the student live? Both Parents Mother only Father only Guardian Joint Custody

Emergency Contact Info (other than parents)

Name _____ Relationship _____

Phone # _____ Cell Phone # _____ Work Phone # _____

Address, City, State ZIP _____

Please list the names of all people who are authorized to pick up your child:

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_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F

Parent/Guardian Info

Mother's Name _____	Home Phone # _____
Mailing Address _____	Physical Address _____
City, State, ZIP _____	Cell Phone # _____
Employer _____	Work Phone # _____
E-mail _____	Fax # _____

Father's Name _____	Home Phone # _____
Mailing Address _____	Physical Address _____
City, State, ZIP _____	Cell Phone # _____
Employer _____	Work Phone # _____
E-mail _____	Fax # _____

Guardian (if different from parent) _____	Home Phone # _____
Mailing Address _____	Physical Address _____
City, State, ZIP _____	Cell Phone # _____
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_____	_____
_____	_____
_____	_____