



Application for Admission

APPLICANT'S NAME _____
First Middle Last

Preferred Name _____ Male _____ Female _____

Applicant's Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Place of Birth _____ Country of Citizenship _____

Current School Attending _____

Check grade for which applicant is applying (enter year)

PK _____ K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Ethnic Background: Asian Black Caucasian Hispanic Other *(please circle one)*

PREVIOUS OR PRESENT MEDICAL CONDITIONS:

Does the applicant have any medical issues (allergies, diet restrictions, regular medication, etc.?)

Has the applicant been on probation, suspended, dismissed, or withdrawn from any school? _____ Yes _____ No

Has the applicant ever been tested for or received:

_____ Speech and/or hearing therapy _____ Psychological/educational assessment _____ Neurological evaluations

_____ Visual examinations _____ Learning difference evaluations _____ Gifted Programs

To better help us serve your child's needs, we require copies of these test results prior to your child being considered for placement.

Disabled applicants (or disabled family members of applicants) requiring any type of accommodations during the admission process or otherwise are encouraged to identify themselves and indicate what type of accommodation is needed in order that the school might best meet their needs.

GUARDIAN 1 -- INFORMATION: (considered primary school contact)

Name _____ Relationship to Student _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Occupation _____
Work Phone _____ Contact Email _____

GUARDIAN 2 -- INFORMATION:

Name _____ Relationship to Student _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Occupation _____
Work Phone _____ Contact Email _____

RELIGIOUS INFORMATION:

Religious Affiliation _____ Name of Church _____

If Catholic, has your child received the sacraments of First Reconciliation and First Holy Communion? _____ Yes _____ No

SIBLINGS:

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

How did you learn about Incarnation Catholic School? _____ Church _____ Internet _____ ICS Preschool _____ Friend _____ Other

I understand that if my child is accepted to Incarnation Catholic School, he/she will be subject to the rules and regulations stated in the school handbook. I further understand that I will be financially responsible for all tuition and fees stated therein. Further, I understand that failure to disclose information which might affect admission decisions may result in the requirement to withdraw my student in the event the school is unable to adequately address my child's learning or behavioral needs.

Signature of Parent/Guardian

Date of Application

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION BEFORE YOUR CHILD WILL BE CONSIDERED FOR ADMISSION:

- Copy of your child's Birth Certificate
- Copy of your child's Baptismal Certificate (if applicable)
- School Immunization Form
- Signed Transcript Release Form (1st -8th Grade)
- Copy of your child's most recent report card
- Copy of ALL of your child's end of year report cards
- Copy of ALL of your child's standardized test scores
- If applicable, a complete psychological evaluation that documents your child's learning difference (less than 3 years old)
- The non-refundable application fee of \$50