



# 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Has the applicant been on probation, suspended, dismissed, or withdrawn from any school?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 (1<sup>st</sup> -8<sup>th</sup> 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