

# INCARNATION CATHOLIC SCHOOL

## Admission/Emergency Form 2017-2018

**OFFICE USE:** Registration Fee \_\_\_\_\_ Technology/Equipment Fee \_\_\_\_\_ Comprehensive Fee \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Gender M/F \_\_\_\_\_

Student lives with \_\_\_ Mother/Dad \_\_\_ Mother \_\_\_ Dad \_\_\_ Mother/Step-Dad \_\_\_ Dad/Step-Mother \_\_\_ Other

Ethnicity: \_\_\_ American Indian/Native American \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander

White \_\_\_ Other/Two races \_\_\_ Birth: \_\_\_\_\_  
Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Religion: \_\_\_\_\_ Registered Parish \_\_\_\_\_

\_\_\_\_\_ Baptism Date \_\_\_\_\_ Communion Date \_\_\_\_\_ Confirmation Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the child need any special learning needs or require accommodations in the classroom environment? Yes No

Does the child have any IEP or 504 Plan? Yes No (If yes, please submit a copy of IEP or 504 Plan.)

If yes to either question please explain reason \_\_\_\_\_

Does the student have a first language other than English? Yes No If yes, what language?  
\_\_\_\_\_

How did you hear about us? Next Gen Ad \_\_\_\_\_ Flyer \_\_\_\_\_ Church Bulletin (what parish) \_\_\_\_\_  
Other \_\_\_\_\_

Is the child toilet trained? (PK and K) Yes No

List brothers or sisters who attend Incarnation Catholic School \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ Additional Report Card  
Title (Dr., Ms., Mrs.) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Cell Phone \_\_\_\_\_ Yes No

Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_ Additional Report Card  
Title (Dr., Ms., Mrs.) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Cell Phone \_\_\_\_\_ Yes No

Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Phone \_\_\_\_\_

Please list in order who you would like the school to call for an illness or emergency.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Please list the names of any additional persons allowed to pick up the above child for illness and/or dismissal pick up. Please notify us of any change. We will not release any student to anyone who is not listed below.

\_\_\_\_\_

HEALTH INFORMATION: List any significant facts concerning the child such as asthma, serious illness and allergies.

\_\_\_\_\_

Responsibility for EMERGENCY TREATMENT will be assumed by the parent:

\_\_\_\_\_

### Additional Obligations

\_\_\_\_\_ I agree to volunteer/fundraise for the school.

\_\_\_\_\_ As an active Catholic parishioner, I will be applying for Tuition assistance through the FACTS Tuition Aid program.

\_\_\_\_\_

### Full Disclosure Statement

In order to be considered for admission into Incarnation Catholic School, **full disclosure** is required of the student's academic standing, behavioral conditions and history, medical conditions and history, and legal custody situation (additional information may be requested). I certify that I have made honest and complete disclosure in all areas, and that I understand that I must keep the school informed of any changes in the student's situation in these areas immediately. Failure to do so could result in immediate loss of enrollment for my child at the school. I further certify that I have legal authority to sign this form and enroll this student in the school upon an offer of admission.

Print Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_