INCARNATION PARISH SCHOOL
123 W. Glenoaks Blvd.
Glendale, CA 91202
P 818.241.2269 F 818.241.4734
www.incaschool.org

Application Form

Applying for School Year _____

Student's Information (one application per student)

Student's Last Name _____ Student's First Name _____ Student's Middle Name _____

Date of Birth _____ Place of Birth _____ Grade Applying For _____

If parents are separated/divorced, student(s) live(s) with: [ ] Mother [ ] Father

Father's (or Guardian's) Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ Zip Code _____

Religion _____ Birthplace _____ Occupation _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

E-mail _____ Employer _____ Check One: [ ] Married [ ] Remarried [ ] Single Parent [ ] Deceased

Mother's (or Guardian's) Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ Zip Code _____

Religion _____ Birthplace _____ Occupation _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

E-mail _____ Employer _____ Check One: [ ] Married [ ] Remarried [ ] Single Parent [ ] Deceased

Additional Information

Languages Spoken at Home: Primary _____ Secondary _____

Name of Current School _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

Parish Where Registered _____ City _____ Envelope # _____

Baptismal Date _____ Church (full name & city) _____ Denomination _____

Office Use Only

Date Received	Registration Fee	Testing Fee	Ck #	Cash	Parish Form	Documents Complete