

**INCARNATION PARISH SCHOOL APPLICATION FORM  
2008-2009**

1. A \$50.00 non-refundable application fee per child is due with this completed form.
2. A non-refundable testing fee of \$50.00 is required for all new students and is due with this application.
3. Once accepted, a \$200 non-refundable book fee is required in order to secure a place in the class.
4. **Kindergarten applicants must be 5 years old by September 1<sup>st</sup> on the year entering kindergarten.**
5. Upon completion of testing, qualified students are selected by: 1<sup>st</sup>- Registered and active parishioners; 2<sup>nd</sup>- Catholics from neighboring parishes; 3<sup>rd</sup>- Families of other faiths.

For more information on Incarnation School, please see our website [www.incaqlendale.org](http://www.incaqlendale.org).

**PLEASE PRINT AND COMPLETE BOTH SIDES**

CHILD'S INFORMATION

\_\_\_\_\_  
*Child's Last Name*

\_\_\_\_\_  
*Child's First Name*

\_\_\_\_\_  
*Child's Middle Name*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Grade Applying For

If parents are separated/divorced, child(ren) live(s) with:    Mother \_\_\_\_    Father \_\_\_\_

\_\_\_ I want my name, phone number and address added to the school directory (if accepted).

\_\_\_ I do not want my name, phone number and address added to the school directory (if accepted).

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

\_\_\_\_\_  
E-Mail

Cell Phone: (    ) \_\_\_\_ - \_\_\_\_    Check: Married \_\_\_\_    Remarried \_\_\_\_    Single Parent \_\_\_\_    Deceased \_\_\_\_

Employer: \_\_\_\_\_ Phone: (    ) \_\_\_\_ - \_\_\_\_

Employer Address: \_\_\_\_\_

(PLEASE COMPLETE OTHER SIDE)

**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 E-Mail

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Check: Married \_\_\_ Remarried \_\_\_ Single Parent \_\_\_ Deceased \_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

SIBLINGS AT INCARNATION SCHOOL: Yes \_\_\_ No \_\_\_ Grade(s): \_\_\_\_\_

NAME OF CURRENT SCHOOL: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Street Address City Zip Code

**PARISH WHERE REGISTERED:**  
\_\_\_\_\_  
City: \_\_\_\_\_

**Parish Envelope #:** \_\_\_\_\_

**BAPTISM**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year) Church (full name) Denomination  
Date

\_\_\_\_\_  
Street Address City Zip Code

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Testing Fee: \_\_\_\_\_

CK#: \_\_\_\_\_ Cash: \_\_\_\_\_ Parish Form: \_\_\_\_\_ Documents Complete \_\_\_\_\_