



INCARNATION CATHOLIC SCHOOL REGISTRATION FORM

OFFICE USE:	
Registration Fee Paid	
1 st pmt _____	ck # _____
	Date _____
2 nd pmt _____	ck # _____
	Date _____
Total _____	

START DATE _____

STUDENT NAME _____
First Middle Last

Student Prefers To Be Called _____ Male _____ Female _____ DOB _____ Place of Birth _____

Check grade student is applying for(enter year)

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

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

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Current School Attending _____

GUARDIAN 1 INFORMATION: (considered primary school contact)

Name _____ Relationship to Student _____

Check Marital Status: Married _____ Divorced _____ Remarried _____ Separated _____ Single _____ Widowed _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone _____ Religious Affiliation _____ Contact Email _____

GUARDIAN 2 INFORMATION:

Name _____ Relationship to Student _____

Check Marital Status: Married _____ Divorced _____ Remarried _____ Separated _____ Single _____ Widowed _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone _____ Religious Affiliation _____ Contact Email _____

Special Custodian Circumstances/Information: _____
(Note: Custody papers must be on file at school to enforce.)

PLEASE CHECK INFORMATION BELOW

I GIVE PERMISSION TO PUBLISH NAME, ADDRESS HOME PHONE/CELL AND EMAIL AS LISTED ABOVE IN THE SCHOOL DIRECTORY. YES _____ NO _____	
SCHOOL MAILINGS, TUITION STATEMENT, AND OTHER INFORMATION SHOULD BE SENT TO (check applicable):	
GUARDIAN 1 AND 2 _____	GUARDIAN 1 _____ GUARDIAN 2 _____ OTHER _____

MEDICAL INFORMATION:

Physician's Name _____ Physician's Phone _____

Hospital Preference _____ Hospital Phone _____

Health Insurance Carrier _____ Additional Health Ins _____

Previous or Present Medical Conditions:

Medical Condition _____

Current Medications: 1. _____/Dosage _____ 2. _____/Dosage _____

Allergies _____

RELIGIOUS INFORMATION:

Religious Affiliation _____ Name of Church _____

Church Address _____ City _____ State _____ Zip _____

If Catholic, please complete the following information for Sacraments student has received:

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

SIBLINGS:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

EMERGENCY INFORMATION (other than custodial parents)

Name _____ Relationship to student _____

Home Phone _____ Cell/Work Phone _____

Name _____ Relationship to student _____

Home Phone _____ Cell/Work Phone _____

May student be released to the above emergency contacts in case parents cannot be contacted? Yes No (Please circle one)

I understand that my child is subject to the rules and regulations stated in the school handbook that is revised annually. I have reviewed the Incarnation Catholic School guidelines regarding tuition and fees. I further understand that I will be responsible for all fees and tuition for this school year as stated in the guidelines.

Parent/Legal Guardian Signature

Date

ANY CHANGES TO ANY INFORMATION PROVIDED ABOVE MUST BE SUBMITTED IN WRITING.

FOR OFFICE USE ONLY:

Parishioner: Yes _____ No _____ Contribution: _____ Bishops Appeal _____