



# INCARNATION CATHOLIC SCHOOL REGISTRATION FORM

<b>OFFICE USE:</b>	
<b>Registration Fee Paid</b>	
1 <sup>st</sup> pmt _____	ck # _____
	Date _____
2 <sup>nd</sup> pmt _____	ck # _____
	Date _____
<b>Total</b> _____	

**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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_

Can 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 Withdrawal/Tuition Obligation Policy on page 2 of the Fee Schedule. I further understand that I will be responsible for all fees and tuition for this school year as stated on the enclosures.

\_\_\_\_\_  
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 \_\_\_\_\_