



INCARNATION CATHOLIC SCHOOL

5111 Webb Road Tampa, FL 33615
Phone: 813-884-4502 FAX: 813-885-3734

Pre-K 3 - Grade 8 Application for Admission

STUDENT INFORMATION:

Student's Full Legal Name: _____

Gender Male ____ Female ____

Grade for 2019-20: _____

Date of Birth ____/____/____ Place of Birth _____

Student Lives with Mother ____ Father ____ Stepmother ____ Stepfather ____

Other (please specify) _____

If divorced who has legal custody? _____

***Custodial documentation must be submitted with this application**

Marital Status: Single Married Divorced Widowed Separated

ETHNICITY

____ American Indian/Native Alaskan ____ Asian ____ Black ____ Hispanic ____ Multiracial

____ Native Hawaiian/Pacific Islander ____ White ____ Other

SCHOOL INFORMATION:

*A copy of the most recent report card must be provided with this application

Name of Current School _____

Grade in School _____

Complete Address of School _____

Telephone # _____ FAX # _____

Are you current with all financial obligations to the school? ____ Yes ____ No ____ N/A

How did you hear about Incarnation Catholic School?

Friend Internet Social Media Parish Local Ad Mailer/Flyer

Other: _____

PARISH INFORMATION

Name of Parish _____ Phone # _____

Pastor's Name _____

Address _____ City/State/Zip _____

ACADEMIC NEEDS: (Please explain if answer is yes)

Has your child been tested for special learning needs? If yes, please submit a copy of the evaluation.

___Yes ___No

Has your child been diagnosed with special learning needs? ___Yes ___No

Has your child received services from a resource teacher, Title I teacher, or a learning specialist?

___Yes ___No

Has your child received accommodations in the learning process/modifications to the curriculum?

___Yes ___No

ATTENDANCE/DISCIPLINE RECORD

How many days has your child been absent from school in the last year? _____ N/A ___

Has your child ever been suspended from school? ___Yes ___No

Reason _____

Has your child ever been expelled from school? ___Yes ___No

Reason _____

Have you ever been required to withdraw your child from school? ___Yes ___No

Reason _____

SACRAMENT INFORMATION (Please provide a copy of the student's Baptismal Certificate)

| <u>Sacrament</u> | <u>Date</u> | <u>Church</u> | <u>City/State</u> |
|------------------|-------------|---------------|-------------------|
| Baptism | ___/___/___ | _____ | _____ |
| Reconciliation | ___/___/___ | _____ | _____ |
| First Eucharist | ___/___/___ | _____ | _____ |

PARENT INFORMATION

| | Father | Mother |
|----------------|---------------|---------------|
| Full Name | | |
| Address | | |
| City/State/Zip | | |
| Occupation | | |
| Employer | | |
| Home Phone | | |
| Work Phone | | |
| Cell Phone | | |
| Email | | |

I certify that all the information contained in this application is correct. I acknowledge that the falsification of information or any misrepresentation of the facts can be sufficient reason for denying admission and/or dismissal from school.

Mother's signature _____ Date _____

Father's signature _____ Date _____