



INCARNATION CATHOLIC SCHOOL
2013 National Blue Ribbon School of Excellence



45 Williamsburg Lane
Centerville, OH
45459

937-433-1051
Fax 937-433-9796

Dear Prospective Parents and Students:

The Incarnation Parish Community is proud of the reputation of our school in faith formation and academic excellence. Information is enclosed to help acquaint you with our award-winning program. We appreciate your interest in our school and will process your admission application as quickly as possible. For more information about Incarnation School, please see the "School Information" packet on our website.

The items listed below must be submitted before your Admission Application can be processed. Copies will be made of original documents at the time of registration.

- Application for Admission
- Birth Certificate (*issued by County – not hospital certificate*)
- Social Security card or valid Passport
- Sacrament Certificates (*Baptism, Reconciliation, First Communion – if applicable*)
- Recommendation form – Students applying for Grades 1-8
(*Fill in only the Parent/Guardian section; we will send to the school for completion*)
- Registration Fee (\$200 per family - non-refundable)

In order to receive admission priority or special tuition discount, members of St. Augustine, St. Francis of Assisi, St. Ignatius, St. Mary, or St. Mina/St. Abanoub must provide a letter from their home parish confirming current parishioner status by March 15 or at the time of registration, whichever is later.

The attached School Health Exam form must be completed, signed by a doctor, and returned to the school office by June 1, whenever possible. All completed and signed health forms must be on file in the school clinic before the first day of school for students to attend. Registration forms for our Morning and After Care programs will be available in May each year. More information on those programs is included in this packet.

While it is our goal to accommodate all interested families, please be aware that registration does not guarantee entry into Incarnation School's program. Please see the enclosed *Admission Policies and Procedures* for details regarding admission. You will receive written notification of your child's enrollment status as soon as possible.

Thank you again for your interest in Incarnation School.

Blessings,

Leah Coghlan, M.S.Ed.
Principal



APPLICATION FOR ADMISSION 2020-2021

*Please complete ALL sections of this form and submit all required documents with application form.
(Medical forms due June 1.)*

APPLYING FOR GRADE _____

If applying for PRESCHOOL 4's or EARLY FIVES and you would like to apply for the Extended Day (FULL DAY) program, please check here.

STUDENT INFORMATION

CHILD'S FULL NAME _____
(Last) (First) (Middle) (Preferred First Name)

DATE OF BIRTH _____ **PLACE OF BIRTH** _____
(Month / Day / Year)

CHILD'S RELIGION _____ **GENDER¹** M or F

CHILD'S SOCIAL SECURITY or PASSPORT # XXX-XX- _____ **OR** _____ / _____
ORIGINAL DOCUMENT REQUIRED Social Security # Passport # / Country

ETHNICITY / RACE¹ (Circle ALL that apply)
Asian Black Hispanic Native American / Alaskan Native Hawaiian / Pacific Islander White

LANGUAGE SPOKEN AT HOME: English Other _____

STUDENT'S HOME ADDRESS _____

CITY _____ **ZIP** _____ **PRIMARY PHONE #** _____

EMAIL ADDRESS for tuition account use - **REQUIRED** _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE¹ _____

ASSIGNED BUILDING (Where would this child attend public school?)¹ _____

PRESCHOOL ATTENDED _____

STUDENTS APPLYING FOR GRADES 1-8:

School Transferring From _____

Reason for Transfer _____

SPECIAL NEEDS: *Any special needs must be indicated below and a copy of the current IEP/ISP and ETR, 504 Plan, or any other special accommodation plan must be submitted with this admission application. See Admission Policy Guidelines #7. Please give information on any health issues or other concerns in the "Special Notes" section on page 3 of this Application.*

Does this child have a current IEP / ISP or 504? No Yes If yes, specify services below.

Learning Disability Speech / Language Physical Emotional Behavioral Other: _____

¹ Required for State Reporting Purposes

SACRAMENTS (Certificates Required) DATE RECEIVED AND CHURCH NAME, CITY & STATE

BAPTISM _____

RECONCILIATION _____

FIRST COMMUNION _____

CHECK HERE if you are planning to apply for a new Ohio EdChoice scholarship or transfer an existing EdChoice scholarship.

FAMILY INFORMATION

FATHER'S INFORMATION: NAME _____

OCCUPATION _____ EMPLOYER _____

RELIGION _____ HOME PARISH ² or CHURCH _____

MARITAL STATUS _____ CELL PHONE _____ WORK PHONE _____

EMAIL FOR PARENT PORTAL ACCESS _____

HOME ADDRESS (if different than child) _____

MOTHER'S INFORMATION: NAME _____ MAIDEN NAME _____

OCCUPATION _____ EMPLOYER _____

RELIGION _____ HOME PARISH ² or CHURCH _____

MARITAL STATUS _____ CELL PHONE _____ WORK PHONE _____

EMAIL FOR PARENT PORTAL ACCESS _____

HOME ADDRESS (if different than child) _____

PROOF OF CUSTODY

For all two-household families (divorced, separated, or single parents) and guardianship situations, Incarnation School requires a copy of the most current CUSTODY AGREEMENT AND COURT ORDER to be kept in the student's confidential file. Due at the time of application for admission, this paperwork is required to confirm the enrolling adult's legal right to enroll the student in school. Custody information portion only is required; NO financial information is requested. Enrollment cannot be completed without proof of custody. Please complete the information below for guardianship situations.

GUARDIAN NAME _____ RELATIONSHIP _____

EMAIL ADDRESS _____ CELL PHONE _____

OCCUPATION _____ EMPLOYER _____ WORK PHONE _____

GUARDIAN RELIGION _____ HOME PARISH² OR CHURCH _____

.....
² Members of St. Augustine, St. Francis of Assisi, St. Ignatius, St. Mary, or St. Mina/St. Abanoub Parish must provide a letter from their home parish confirming current parishioner status to receive admission priority or special tuition discount.

STUDENT PHOTO & PUBLICATION PARTICIPATION: I GIVE PERMISSION I DO NOT GIVE PERMISSION
for Incarnation School to use my child's picture in school sanctioned / sponsored publications such as school newsletters, school website, advertising brochures and/or public communications (including newspapers and television.)

SIBLING NAMES AND AGES _____

INCARNATION SCHOOL ALUMNI: NAME & YEAR GRADUATED _____

WHERE DID YOU LEARN ABOUT INCARNATION SCHOOL?

PARISH BULLETIN FRIENDS or FAMILY SOCIAL MEDIA WEBSITE OTHER _____

ADDITIONAL INFORMATION

Please give information on any health, academic or social issues, or any other concerns in the space below.

IMPORTANT NOTE FROM THE ARCHDIOCESE OF CINCINNATI

Refusing to provide requested information to the school, or providing false, incomplete, or inaccurate information to the school, may result in the denial or revocation of admission and/or disciplinary action, up to and including suspension and expulsion.

FOR SCHOOL USE ONLY

FAMILY # _____

OTHER PARISH _____

INCARNATION PARISH DATE _____

PARISH STATUS LETTER _____

APPLICATION DATE _____

SACRAMENT CERTIFICATES _____

REGISTRATION FEE _____

SOCIAL SECURITY / PASSPORT _____

BIRTH CERTIFICATE _____

RECORDS REQUEST FORM (1-8) _____



Recommendation Form Required for Students Applying for Admission to Grades 1-8

Parents: Please complete only the boxed portion of this form and return it to Incarnation School with your Admission Application. This form is required as part of the Admission process for grades 1-8.

Student's Full Name _____	Birthdate _____
(Last) (First) (Middle)	
Current School _____	Current Grade _____
School Address _____	
City, State, Zip _____	
I give my permission for this form to be completed and returned to Incarnation School with copies of specific records listed below. This is not a withdrawal or request for Transfer of Records.	
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Name (please print) _____	

Dear Teacher / School Official: This recommendation form is required for admission in order to assist with placement and give incoming students the best chance for academic success. We ask that this form be completed fully by the student's current teacher or other school official. Thank you for your time and assistance.

Please include copies of the following:

- Report Cards for all years in attendance OR Permanent Record Card showing grades for all years and the most current report card
- Standardized test scores / proficiency test scores
- Attendance records (if not included on report cards or permanent record card)
- Discipline Records
- Any IEP/ISP (Individualized Educational / Service Plan) and ETR (Evaluation Team Report), 504 Plan or School Accommodation Plan

Level of Coursework

Student is currently working:	Above Grade Level	On Grade Level	Below Grade Level
English / Reading			
Math			
Science			
Social Studies			

Academic Behavior

	Excellent	Good	Average	Below Average
Academic Motivation				
Completion of Assignments				
Knowledge of Basic Skills				
Study Habits				
Class Participation				
Attendance				

Personal Qualities

	Excellent	Good	Average	Below Average
Honesty / Integrity				
Respect for Authority				
Responsibility				
Ability to Work/Play with Peers				
Emotional Stability				

Diagnosed disabilities and/or special services:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Speech / Language Services | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Outside Tutoring |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Gifted Program |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Additional Comments: _____

 Signature of Teacher / School Official completing form Date

 Printed Name and Title

Please send this completed form with attachments by mail or email to:

Mrs. Kim Shields, Registrar
 Incarnation Catholic School
 45 Williamsburg Lane
 Centerville, OH 45459

Kim.Shields@Incarnation-school.com

SCHOOL HEALTH EXAMINATION RECORD

Page 1 – To be completed by Physician

School: Incarnation

Child's Full Name _____
Last First Middle

Male Female

Birthdate _____
Month / Day / Year

Date Form Completed _____
Month / Day / Year

SCREENING TESTS			
	Right	Left	Referred for further testing
Hearing			
Vision			
If TUBERCULIN test given, please enter the information below:			
	Date	Type	Result
Tuberculin (if tested)			

Please attach Immunization Record

PHYSICAL ASSESSMENT

Check one:

Entirely within normal limits

Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?

Yes No

IMMUNIZATIONS					
<i>Complete this section only if no immunization record is attached.</i>					
	Date	Date	Date	Date	Date
DPT or DTaP					
Td					
Polio OPV / IPV					
MMR					
Hepatitis B					
Varicella					
HIB					
Hepatitis A					
Pneumococcal					
Influenza					
Menactra					
Other					

Signature of Examining Physician

Physician Name - Please print

Date: _____

PARENTS: PLEASE COMPLETE PAGE 2

School Health Examination Record

Page 2 – To be completed by Parent / Guardian

Child's Name _____

Father's Name _____

Father's address _____

Work phone _____ Home phone _____

Mother's Name _____

Mother's address _____

Work phone _____ Home phone _____

With whom does child live? Name _____ Relationship _____

Was this child born: full term _____ early _____ late _____

Did this child have any sickness or problems while in the nursery: yes _____ no _____

If yes, explain briefly _____

ALLERGIES – Please list any allergies and what reaction your child has previously had to that allergen.

Medicines/drugs _____

Foods/plants/animals/other _____

INJURIES and ILLNESSES – Please list any severe injuries or illnesses:

Injury / Illness	Age of Child	If Hospitalized (Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION:

What medications are given daily? _____

Do you have any concerns about how your child gets along with other children? _____

Do you have other comments or concerns about your child's health, development, behavior, family or home life that you would like the school to be aware of? _____

Completed by: _____

Relationship to child: _____

A Note from the Clinic

Welcome to Incarnation School! I am Ann Woeste, the Registered Nurse in our school clinic. Our clinic is open every day during school hours. Our primary goal in the clinic is to foster a healthy school environment which helps students to grow and learn.

Here is some important information:

1. The School Health Examination Record is to be completed and signed by your personal health care provider. The front side needs to be completed by your health care provider, and the back side needs to be completed by a parent or guardian. This form is included in your admission application packet and is also available in the school clinic.
2. **Ohio law requires that each student must have evidence on file by the fifteenth (15th) day of entry to school that he/she has received or is in the process of receiving required immunizations. Noncompliance is reason for exclusion from school.**

OUR FORMS ARE REQUESTED BY JUNE 1st BUT ARE REQUIRED BY THE 15TH DAY OF SCHOOL TO COMPLY WITH STATE REGULATIONS!

3. Please inform me of any health issues or allergy concerns that your child may have. We have an additional form to be completed if your child has an allergy.
4. No medication, not even over the counter medication, can be given to your child unless we have an "Authorization for Medication" form completed. This form must have the health care provider's signature, as well as the parent's signature, for us to administer any medication here at school. The authorization form is included in the August family packet and is also available in the school clinic.
5. If your child is experiencing any of the following symptoms **within 24 hours** of attending school, please keep him/her home to recover:
 - A temperature of 100° or higher
 - Any vomiting
 - Any diarrhea
 - A persistent cough
 - Excessive fatigue

Our school policy is: If a child is vomiting, experiencing fever of 100 degrees or higher, or having episodes of diarrhea, the child must remain home from school for at least 24 hours after the last event.

If you have questions or concerns, please contact me at ann.woeste@incarnation-school.com. Thank you!

Ann Woeste, RN
School Nurse