



**APPLICATION FOR ADMISSION 2021-2022**

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

**APPLYING FOR GRADE:** \_\_\_\_\_

For Preschool 4's or Early Fives, please select one:  Half Day Option. OR  Full Day Option

**STUDENT INFORMATION**

**CHILD'S FULL NAME** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred First Name)

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_  
(Month / Day / Year)

**CHILD'S RELIGION** \_\_\_\_\_ **GENDER<sup>1</sup>** M or F  
(CATHOLIC DESIGNATION REQUIRES DOCUMENTATION)

**CHILD'S SOCIAL SECURITY** XXX-XX-\_\_\_\_\_ (ORIGINAL DOCUMENT REQUIRED)

**LANGUAGE SPOKEN AT HOME:**  English  Other \_\_\_\_\_

**ETHNICITY / RACE<sup>1</sup>** (Circle ALL that apply)  
Asian Black Hispanic Native American / Alaskan Native Hawaiian / Pacific Islander White

**STUDENT'S HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PRIMARY PHONE #** \_\_\_\_\_

**PRIMARY EMAIL ADDRESS - REQUIRED** \_\_\_\_\_

**PUBLIC SCHOOL DISTRICT OF RESIDENCE<sup>1</sup>** \_\_\_\_\_

**ASSIGNED BUILDING** (Public school building your child would attend)<sup>1</sup> \_\_\_\_\_

**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 is required. Plan must be submitted before this admission application can be processed. See Admission Policy Guidelines #6.*

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: \_\_\_\_\_

<sup>1</sup> Required for State Reporting Purposes

**SACRAMENTS** (CERTIFICATES REQUIRED)

DATE RECEIVED

CHURCH NAME, CITY & STATE

BAPTISM \_\_\_\_\_

RECONCILIATION \_\_\_\_\_

FIRST COMMUNION \_\_\_\_\_

**FAMILY INFORMATION**

**FATHER'S INFORMATION:** NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ HOME PARISH or CHURCH \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS (if different than child) \_\_\_\_\_

**MOTHER'S INFORMATION:** NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ HOME PARISH or CHURCH \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_

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 PARISH OR CHURCH \_\_\_\_\_



**STUDENT PHOTO & PUBLICATION PARTICIPATION:**  YES  NO

I 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.)

**EDCHOICE:** Check here if you are planning to apply for a new Ohio EdChoice scholarship or transfer an existing EdChoice scholarship.

**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**

INCARNATION PARISH DATE \_\_\_\_\_  
SPECIAL PARISH \_\_\_\_\_  
PARISH LETTER DATE \_\_\_\_\_  
APPLICATION DATE \_\_\_\_\_  
REGISTRATION FEE \_\_\_\_\_

FAMILY # \_\_\_\_\_  
BIRTH CERTIFICATE \_\_\_\_\_  
SACRAMENT CERTIFICATES \_\_\_\_\_  
SOCIAL SECURITY CARD \_\_\_\_\_  
RECOMMENDATION FORM \_\_\_\_\_