Church of the Incarnation

Catholic School

360 Bray Station Road
Collierville, TN 38017
901-853-7804

Application for Admission

APPLICANT'S NAME_____ _____ _____
First Middle Last

Preferred Name _____ Male _____ Female _____

Applicant's Address _____City_____ State_____ Zip _____

Home Phone _____ Date of Birth_____

Place of Birth _____ Country of Citizenship_____

Current School Attending_____

Check grade applicant 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)***

ICS MISSION

CHURCH OF THE INCARNATION SCHOOL HAS, AS ITS MAIN OBJECTIVE, A COMMITMENT TO BRING THE GOSPEL OF JESUS CHRIST, CHRISTIAN VIRTUES AND ACADEMIC EXCELLENCE TO STUDENTS OF ANY RACE, RELIGION OR GENDER WITH A FAITHFUL ADHERENCE TO THE TEACHING OF THE CATHOLIC CHURCH

OFFICE USE: Date Applied_____ Application Fee Paid _____ Cash_____ Check _____

Name_____ _Relationship to Student_____

Home Address_____ City_____ State_____Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone_____

Employer_____Occupation_____

Work Phone _____ Contact Email _____

GUARDIAN 2 -- INFORMATION:

Name_____Relationship to Student_____

Home Address_____ City_____ State_____Zip _____

Home Phone _____ Daytime Phone _____ Cell Phone_____

Employer_____ Occupation_____

Work Phone _____ Contact Email _____

RELIGIOUS INFORMATION:

Religious Affiliation _____Name of Church _____

Church Address _____ City _____ State _____ Zip _____

SIBLINGS:

Name_____ Age_____ School _____

Name_____ Age_____ School _____

Name _____ Age _____ School _____

PREVIOUS OR PRESENT MEDICAL CONDITIONS:

Does the applicant have any medical issues (allergies, diet restrictions, regular medication, etc?)

_____

Has your child ever been tested for or received:

_____ Speech and/or hearing therapy **_____ Psychological/educational assessment** **_____Neurological evaluations**

_____ Visual examinations **_____ Learning difference evaluations** **_____Gifted Programs**

To better help us serve your child's needs, we require copies of these testing results prior to your child being considered for placement

Disabled applicants (or disabled family members of applicants) requiring any type of accommodations during the admission process or otherwise are encouraged to identify themselves and indicate what type of accommodation is needed in order that the school might best meet their needs.

Has the applicant been on probation, suspended, dismissed, or withdrawn from any school? _____Yes _____No

THE FOLLOWING INFORMATION MUST BE PRESENTED WITH THE APPLICATION:

- ***Parish Affiliation form (including the pastor's signature)***
- ***Copy of your child's Birth Certificate***
- ***Copy of your child's Baptismal certificate***
- ***Transcript release form (Grades 1-8)***
- ***Application fee ($50.00)***