



### Registration Information Form

One to three children may be included on this application; please complete another application for additional children. Answer all questions and complete all items, do not leave any items blank. If a question does not apply to you, please write "N/A."

#### STUDENT INFORMATION

**Number of students enrolled at IWA for 2011 - 2012** \_\_\_\_\_. **PLEASE LIST OLDEST CHILD FIRST.**

**PLEASE PRINT**

Grade for 2011-2012 \_\_\_\_\_  Returning Student  New Student Last School Attended \_\_\_\_\_

**Student 1** Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ **(Required for Transcripts)**

Home Phone \_\_\_\_\_ Student's Phone/Cell \_\_\_\_\_ Student's Email \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female Catholic?  Yes  No If yes, Parish \_\_\_\_\_ Subsidy?  Yes  No

Ethnicity:  Asian  American Indian  Black  Hispanic  Native Hawaiian/Pacific Islander  White  Multi-Racial

Who has legal custody of this child?  Both Parents  Mother  Father  Joint Place of Birth \_\_\_\_\_

Who is financially responsible for this child?  Both Parents  Mother  Father

Student lives with:  Both Parents  Mother Only  Father Only  Mother/Step-Father  Father/Step-Mother  Guardian(s)

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Grade for 2011-2012 \_\_\_\_\_  Returning Student  New Student Last School Attended \_\_\_\_\_

**Student 2** Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ **(Required for Transcripts)**

Home Phone \_\_\_\_\_ Student's Phone/Cell \_\_\_\_\_ Student's Email \_\_\_\_\_

Student's Address (if different from oldest student) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female Catholic?  Yes  No If yes, Parish \_\_\_\_\_ Subsidy?  Yes  No

Ethnicity:  Asian  American Indian  Black  Hispanic  Native Hawaiian/Pacific Islander  White  Multi-Racial

Who has legal custody of this child?  Both Parents  Mother  Father  Joint Place of Birth \_\_\_\_\_

Who is financially responsible for this child?  Both Parents  Mother  Father

Student lives with:  Both Parents  Mother Only  Father Only  Mother/Step-Father  Father/Step-Mother  Guardian(s)

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Grade for 2011-2012 \_\_\_\_\_  Returning Student  New Student Last School Attended \_\_\_\_\_

**Student 3** Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ **(Required for Transcripts)**

Home Phone \_\_\_\_\_ Student's Phone/Cell \_\_\_\_\_ Student's Email \_\_\_\_\_

Student's Address (if different from oldest student) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  Male  Female Catholic?  Yes  No If yes, Parish \_\_\_\_\_ Subsidy?  Yes  No

Ethnicity:  Asian  American Indian  Black  Hispanic  Native Hawaiian/Pacific Islander  White  Multi-Racial

Who has legal custody of this child?  Both Parents  Mother  Father  Joint Place of Birth \_\_\_\_\_

Who is financially responsible for this child?  Both Parents  Mother  Father

Student lives with:  Both Parents  Mother Only  Father Only  Mother/Step-Father  Father/Step-Mother  Guardian(s)

Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

# FAMILY INFORMATION

Please fill in all information for each parent/guardian.

Student Directory:  Listed  Unlisted

Number of Children in Family \_\_\_\_\_

**Father**

Title:  Mr.  Dr.  Other \_\_\_\_\_

IWA Alum?  Yes  No Class of \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address (if different from oldest student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Catholic?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Married  Single  Divorced  Widowed  Separated

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Have permission to withdraw or dismiss student from school? \_\_\_\_\_

Receives Correspondence?  Yes  No

ParentsWeb Access?  Yes  No

**Father Signature** \_\_\_\_\_

**Mother**

Title:  Ms.  Mrs.  Miss  Dr.  Other \_\_\_\_\_

IWA Alum?  Yes  No Class of \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address (if different from oldest student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Catholic?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Married  Single  Divorced  Widowed  Separated

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Have permission to withdraw or dismiss student from school? \_\_\_\_\_

Receives Correspondence?  Yes  No

ParentsWeb Access?  Yes  No

**Mother Signature** \_\_\_\_\_

**Guardian/Step-Mother (Please circle)**

Title:  Ms.  Mrs.  Miss  Dr.  Other \_\_\_\_\_

IWA Alum?  Yes  No Class of \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address (if different from oldest student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Catholic?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Married  Single  Divorced  Widowed  Separated

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Have permission to withdraw or dismiss student from school? \_\_\_\_\_

Receives Correspondence?  Yes  No

ParentsWeb Access?  Yes  No

**Guardian/Step-Mother Signature** \_\_\_\_\_

**Guardian/Step-Father (Please circle)**

Title:  Mr.  Dr.  Other \_\_\_\_\_

IWA Alum?  Yes  No Class of \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address (if different from oldest student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Catholic?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Married  Single  Divorced  Widowed  Separated

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Have permission to withdraw or dismiss student from school? \_\_\_\_\_

Receives Correspondence?  Yes  No

ParentsWeb Access?  Yes  No

**Guardian/Step-Father Signature** \_\_\_\_\_

## ADDITIONAL INDIVIDUALS AUTHORIZED FOR PICK-UP

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell hone \_\_\_\_\_

Thank you for making the choice to attend Incarnate Word Academy. How did your family hear about IWA?

IWA Parent  IWA Alumni  Walk In  Open House  Mailing  Website  Radio  Newspaper Ad