



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