

INCARNATION



ACADEMY

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3966 McKinney Ave, Dallas, TX 75204 (214)522-0160

PROSPECTIVE STUDENT APPLICATION

STUDENT _____

(Last)

(First)

(Middle)

_____/_____/_____ DATE OF BIRTH _____/_____/_____ SEX: Male Female

(Preferred Name)

ADDRESS: _____

YEAR ENTERING IA: 2022 2023 2024 2025DESIRED GRADE LEVEL: Toddler(1yr old by September 1st) Pre-K 2(2yr old by September 1st)Pre-K3(3yr old by September 1st) Pre-K 4(4yr old by September 1st) Kindergarten(5yr old by September 1st)Has this child previously attended IA: Yes Year _____ Class _____ No

Name of School	Year(s) Attended

Have siblings attended IA? No Yes Names(s) & Year(s) _____Members of Church of the Incarnation: No Yes Place of Worship _____

Parent 1

Name : _____

Address (if different than applicant): _____

Email: _____ Home phone: _____ Cell phone: _____

Parent 2

Name: _____

Address (if different than applicant): _____

Email: _____ Home phone: _____ Cell phone: _____