

# **INCARNATION CATHOLIC SCHOOL**

**2911 Bee Ridge Road, Sarasota, Florida 34239**

**Phone: 941-924-8588 Fax: 941-925-1248**

## **NEW STUDENT REGISTRATION 2010/2011**

### **PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)

\_\_\_\_\_  
Street Address (not a P.O. box)

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

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

\_\_\_\_\_  
E-mail for school communication

Parents' Marital Status: Married Divorced Single

Child/Children reside with: \_\_\_\_\_

### **Grades K-8 (Only)**

\_\_\_\_\_  
Name Grade in Aug.

\_\_\_\_\_  
Name Grade in Aug.

\_\_\_\_\_  
Name Grade in Aug.

\_\_\_\_\_  
Name Grade in Aug.

Additional Obligations: *Check your choice*

1) \_\_\_ I will participate in volunteer/fundraising requirements of 25 hours per family of which 15 hours are working Bingo, and I agree to sell at least (5) \$100 raffle tickets for the \$100,000 Raffle.

*Charges may be assessed to families falling short of the requirements.*

2) \_\_\_ No, I do not want to participate in volunteer/fundraising agreement and agree to the cost based tuition of \$9,500. per pupil.

We are participating members of the following Parish:

\_\_\_ Incarnation \_\_\_ St. Patrick's \_\_\_ St. Michael's

\_\_\_ St. Thomas More Other \_\_\_\_\_

*Catholic Parishes Only*

\_\_\_ We are non-Catholic

***Return enclosed Pastor Verification form with registration.***

Please choose from one of the following payment options:

\_\_\_\_\_ 1 Payment  
**Due to School Office by July 20<sup>th</sup>**

\_\_\_\_\_ 2 Payments (July and January)

\_\_\_\_\_ 11- Month (July-May) automatic deduction through FACTS Tuition Management.

\_\_\_\_\_ 12-Month (June-May) automatic Deduction through FACTS Tuition Management.

Payment Date Chosen: \_\_\_ 5<sup>th</sup> \_\_\_ 20<sup>th</sup>

***I agree to pay the amount of tuition as stated in 2010-2011 rates in consideration of my Volunteer/Fundraising agreement choice.***

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

### **FOR OFFICE USE ONLY (Do Not Fill In)**

Registration fee check # \_\_\_\_\_

Tuition amount: \_\_\_\_\_

Less Tuition Assistance: \_\_\_\_\_

Total Tuition to be billed: \_\_\_\_\_