

**INCARNATION CATHOLIC SCHOOL**  
2911 Bee Ridge Road, Sarasota, Florida 34239  
Phone 941-924-8588 Fax 941-925-1248  
www.incarnationschool.edu

**KINDERGARTEN-GRADE 8 REGISTRATION 2012/2013**

**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 agree to the following volunteer/fundraising requirements:

- Minimum 20 hours with 16 hours working Bingo.
- Sell at least (5) \$100 raffle tickets for the \$50,000 Raffle.

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

3) \_\_\_ As an active Catholic parishioner, I will be applying for Tuition assistance through the FACTS tuition management program.

We are participating members of the following Catholic Parish:

\_\_\_\_\_  
*(I understand that the school will verify Parish affiliation.)*

\_\_\_ We are non-Catholic

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>**

***As I have indicated by signing this contract, I agree to pay the amount of tuition as stated in 2012-2013 rates in consideration of my Volunteer/Fundraising agreement choice, and I acknowledge that all fees are non-refundable.***

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

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

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

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

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

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