

INCARNATION ACADEMY

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:		CITY	STAT	E	ZIP	
YEAR ENTER	ING IA: □2025 - 2026	□ 2026 - 2027	□ 2027 - 202	28 🗆	2028 - 2029	
DESIRED GRA	ADE LEVEL: □Toddle	r(1yr old by Septembe	r 1st) □I	Pre-K 2(2yı	old by Septembe	er 1st)
□Pre-K3(3yr old	by September 1st) □Pr	re-K 4(4yr old by Sept	ember 1st)	□Kindergar	eten(5yr old by Se	ptember 1st)
	urch of the Incarnation:		ee of Worship			
	Name of School		Year(s) Attended			
FAMILY INFO	RMATION:	1				
	lives with: □Father □Mother □Both Parents		Other:			
Father's Name:_						
Email:	: Cell phone:					
Mother's Name:						
Email:	Home phone:		Cell phone:			
Date Received	//					