



INCARNATE WORD HIGH SCHOOL FRESHMAN APPLICATION



Director of Enrollment
727 E. Hildebrand Avenue, San Antonio, TX 78212
Phone: 829-3123 Fax: 210-829-3101

Please complete ALL information below. An incomplete application can cause delays in processing.

SECTION I: STUDENT INFORMATION

| | | | |
|--|--|---|-----------------------------------|
| Applying for: Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> | | Date of Application: | |
| Applicant's SSN: (REQUIRED) - - | | Last Name First Name Middle | |
| Applicant's Home Address: | | City, State, Zip: | |
| Applicant's Home Phone: | Applicant's Cell Phone: | Applicant's Email: | |
| Applicant's City And State of Birth: | Applicant's Date of Birth: / / | Will applicant Board at IWHS? If yes, request Dorm application. Yes <input type="checkbox"/> No <input type="checkbox"/> | With Whom does student reside? |


| | | | |
|---|---|--|--|
| If you answer NO to BOTH questions, please fill out the INTERNATIONAL APPLICATION | Is Applicant a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | Please check Applicant's Race/Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Anglo <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other _____ | |
| | Is Applicant a U.S. Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Applicant's Native Country: | | |

| | | | |
|---|----------------------------------|--|--|
| REQUIRED What school are you currently attending? | School Name: | REQUIRED Which public high school would you normally attend? | School Name: |
| | Address, City, State, Zip: | | District: (Example: NEISD, NISD, SAISD, etc.) |
| | Phone: Fax: | | County: |

The following information is for census purposes only. Incarnate Word High School admits students regardless of color, race, or creed.

| | | | |
|-------------------------------------|---|---|--|
| What is your religious affiliation? | Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> | If Catholic, what parish do you attend? | |
|-------------------------------------|---|---|--|

Why do you want to attend Incarnate Word High School? (TO BE COMPLETED BY THE STUDENT ONLY)



| |
|--|
| |
| |
| |
| |
| |
| |



INCARNATE WORD HIGH SCHOOL FRESHMAN APPLICATION



Director of Enrollment
727 E. Hildebrand Avenue, San Antonio, TX 78212
Phone: 829-3123 Fax: 210-829-3101

Please complete ALL information below. An incomplete application can cause delays in processing.

SECTION II: SCHOOL/ACADEMIC INFORMATION

Please provide the following information for all schools attended for the grades indicated.

| Grade Level | Name of School | Address of School |
|-----------------|----------------|-------------------|
| 6 th | | |
| 7 th | | |
| 8 th | | |

- Official transcripts/report cards from the school(s) listed above must be submitted to Incarnate Word High School to complete this application.
- The "San Antonio Catholic High Schools Confidential Recommendation for Incoming Freshmen Students" must be completed and submitted by your current administration officer.

Please check the Math course(s) you have taken or are currently taking: Pre-Algebra Algebra

Title of Current Math course: _____

Have you taken the High School Placement Test (HSPT)? Yes No

If yes, where and when did you take it? _____

List all course(s) you have taken or are taking for high school credit:

| | | |
|--|--|--|
| | | |
| | | |

List any school or community activities, clubs, sports, or extra-curricular activities in which you have participated (you may attach a resume to your application for clarification and detail):

| | | |
|--|--|--|
| | | |
| | | |

Please check the extracurricular activities you are interested in for high school.

Athletics Specify: _____

Choral Drama Dance Piano Literary Other _____

List all honors, awards, recognition received (you may attach a resume to your application for clarification and detail):

| | | |
|--|--|--|
| | | |
| | | |



INCARNATE WORD HIGH SCHOOL FRESHMAN APPLICATION



Director of Enrollment
727 E. Hildebrand Avenue, San Antonio, TX 78212
Phone: 829-3123 Fax: 210-829-3101

SECTION III: PARENT/GUARDIAN INFORMATION

The information below is being provided by: Parents Guardian – *submit letter with a statement of guardianship.*

Relationship to Applicant: _____

Parent's Marital Status: Married Separated Divorced Single Widowed

Please complete ALL information below. An incomplete application can cause delays in processing.
Please indicate if either parent is deceased.

| FATHER | MOTHER |
|-----------------------------|-----------------------------|
| Name | Name |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| Fax Number | Fax Number |
| Email (Required for RenWeb) | Email (Required for RenWeb) |
| Job Title (Be specific) | Job Title (Be specific) |
| Company (Be specific) | Company (Be specific) |

How did you hear about Incarnate Word High School? _____

List any relatives attending/attended IWHS: _____

The information submitted on this application is correct and true to the best of my knowledge at the time of application. I have not knowingly submitted any false or misleading information. I understand that if it is determined that the information submitted is false or misleading, admission to Incarnate Word High School may be denied or revoked.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Applications will be reviewed after they are **complete** and submitted to the Office of Admissions with all required items. Use the checklist below to request the items for application. A complete application consists of the following:

| | |
|--|--|
| <input type="checkbox"/> Freshman Application – <u>to be returned to IWHS.</u> | <input type="checkbox"/> High School Placement Test Registration (HSPT) Form. Required by all Catholic high schools. |
| <input type="checkbox"/> Catholic High Schools Confidential Recommendation (give this form to your daughter's current school) | <input type="checkbox"/> The official transcript(s) for the past three years. |
| | <input type="checkbox"/> Standardized test scores for the past three years. |



INCARNATE WORD HIGH SCHOOL FRESHMAN APPLICATION

Director of Enrollment
727 E. Hildebrand Avenue, San Antonio, TX 78212
Phone: 829-3123 Fax: 210-829-3101

