



FOR OFFICE USE ONLY

DATE RECEIVED _____

REGISTRATION FEE REC'D _____

Our Lady of Mount Carmel School Application

Student Information

Student Name _____ Entering Grade: _____	
Last Name / First Name / Middle Initial	
Date of Birth _____ / _____ / _____	Sex M F Home Phone _____
Child's Age as of September 1 of entrance year _____ years	
Home Address _____	
Apartment # / Street # / Street Name / City / State / Zip Code	
Student Resides with Mother Father Both Other _____	
Last School attended by this student _____	
School Address _____	
Street # / Street Name / City / State / Zip Code	
Last Grade Enrolled _____	

Parent Information

Mother's Name		Father's Name	
Home Address (if different)		Home Address (if different)	
Home Phone	Email	Home Phone	Email
Cell Phone	Religion	Cell Phone	Religion
Work Phone	Occupation	Work Phone	Occupation

Religious Information

Parent's Religion: Father _____ Mother _____
Registered Parish _____
City/State _____
Sacraments received by the student
Baptismal Date _____ / _____ / _____ Church _____
City/State _____
1st Communion Date _____ / _____ / _____ Church _____
City/State _____

Health Information

Does your child have any special health issues? Yes _____ No _____
If yes, explain _____
Does your child take any medication regularly? Yes _____ No _____
If yes, please list _____
Has your child ever received services? Yes _____ No _____
If yes, please check which one applies
 Speech Therapy Title One Resource Support Other: _____

Dates of Service _____

Acceptance Policy and Application Certification

Acceptance for all students is conditional until the completion of the first trimester. A new student is evaluated based on academic progress and learning attitude during this period. Withholding information concerning your child's educational and health background will be considered grounds for non-acceptance or dismissal at the discretion of the school administration.

If your child is accepted to Our Lady of Mount Carmel School, you agree to the policies and regulations of the school and to pay all tuition and fees in accordance with the payment plan agreed upon with the school administration.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Preschool Only

Please check the desired number and days:
Number of Days 3 _____ 5 _____ Half _____ Full _____
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Stop and Shop card # (if applicable) _____