



# Our Lady of Mount Carmel School

530 Hot Springs Road  
Santa Barbara, CA 93108-2098  
(805) 969-5965

## 2016-17 APPLICATION FORM

Applications may be downloaded from our website [www.mountcarmelschool.net](http://www.mountcarmelschool.net). A completed application form and other required application materials including copies of birth/baptismal certificates and completed parish form must be delivered to the school office. Academic references may be sent under separate cover from your child's current school. **Incomplete applications may cause untimely delays in the processing of your child's application and/or acceptance.**

TODAY'S DATE: \_\_\_\_\_ GRADE 2016-17: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
LAST FIRST MIDDLE

EMAIL ADDRESS: \_\_\_\_\_ SEX: FEMALE: \_\_\_\_\_ MALE: \_\_\_\_\_  
(Print Legibly)

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
DAY: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

SECONDARY ADDRESS: \_\_\_\_\_  
(For Two Households) STREET CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(Copy of Birth Certificate Required)

DATE OF BAPTISM: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CHURCH: \_\_\_\_\_  
(Copy of Baptismal Certificate Required if Catholic)

CHURCH ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF FIRST COMMUNION: \_\_\_\_\_ CHURCH: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SCHOOL LAST ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TEACHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

BIRTHPLACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

MARITAL STATUS: MARRIED: \_\_\_\_\_ REMARRIED: \_\_\_\_\_ SEPARATED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SINGLE: \_\_\_\_\_  
 Two Households Custodial Rights Granted To: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
LAST FIRST

BIRTHPLACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

MARITAL STATUS: MARRIED: \_\_\_\_\_ REMARRIED: \_\_\_\_\_ SEPARATED: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SINGLE: \_\_\_\_\_  
 Two Households Custodial Rights Granted To: \_\_\_\_\_

CHILD'S SIBLINGS: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**ABOUT YOUR CHILD:**

1. Has your child had any special academic, behavioral and/or psychological difficulties?  
 Yes:\_\_\_\_\_ No:\_\_\_\_\_ If yes, has professional testing been done to determine the cause of these difficulties? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes to either question, please state the difficulty and the results of testing:

2. Is there anything we need to know that will help us understand your child's educational needs?
3. Why do you wish to enroll your child at Our Lady of Mount Carmel School?

**PARISH INFORMATION:**

1. If Catholic, in what parish are you registered? \_\_\_\_\_  
**N.B.** Being registered in a parish means that you are formally recorded as belonging to the parish and you attend Mass and receive the sacraments on a regular basis. Registered members also contribute to the financial support of the parish.

2. Are you an active, contributing member of the parish indicated above? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- If yes, do you: •Attend mass and receive sacraments regularly? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- Use the weekly contribution envelopes? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- Participate in other parish functions? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- If yes, please list parish functions in which you are involved:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Is your child currently attending a Parish Religious Education class? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- If yes, in what parish? \_\_\_\_\_

4. Have you applied for acceptance into Mount Carmel School for this child before? Yes:\_\_\_\_\_ No:\_\_\_\_\_
- If yes, when: \_\_\_\_\_

5. Please indicate if your child needs to complete any sacramental preparation for:  
 Baptism:\_\_\_\_\_ Reconciliation:\_\_\_\_\_ Communion:\_\_\_\_\_

**N.B. STUDENTS APPLYING FOR PRE-K AND KINDERGARTEN: Copies of birth certificate, baptism certificate (Catholic), parish form (Catholic) and academic reference (for Kindergarten applicants) must be received by the school office prior to Pre-K admittance or before a kindergarten assessment is scheduled.** Before a child is admitted for Pre-K or Kindergarten, completion of the health examination form which requires a physical exam and a separate immunization record (yellow California Immunization Card) must be on file. Physical examination forms are provided for preschool and kindergarten after acceptance of your child into our school. Physicals for Kindergarten must be performed no earlier than March of the year prior to Kindergarten entrance in the Fall.

**N.B. STUDENTS APPLYING FOR OTHER GRADES: Copies of birth certificate, baptism certificate (Catholic), parish form (Catholic), most current report card, achievement test results, and academic reference must be received by the school office before an assessment test is scheduled.** Before a child is admitted, immunization records must be on file including a completed request for transfer of student records.

**There will be a \$25 testing fee due at the time of assessment for all students being considered for acceptance.**

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS FORM

\_\_\_\_\_  
RELATIONSHIP TO CHILD

**FOR OFFICE USE ONLY**

**TESTING:** Date of Test:\_\_\_\_\_ Test Time:\_\_\_\_\_ Fee Paid: CK # \_\_\_\_\_

Accept

Retest  
 Reason: \_\_\_\_\_  
 Retest Date: \_\_\_\_\_

Decline  
 Reason: \_\_\_\_\_