



# Our Lady of Mount Carmel School

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

*Parent or Guardian (Catholic): Please complete the top portion of this form and deliver it directly to the Catholic parish where you are registered or attend. Please note: If your family is not an active-registered member of a Catholic parish, you will be asked to pay the Non-Catholic tuition rate.*

To the Pastor of \_\_\_\_\_  
(Name of Parish)

We have applied for our child(ren) to attend Our Lady of Mount Carmel School. Please use the following information to verify our registration and/or participation at your parish.

Applicant's Family Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Complete Mailing Address)

(City)

(State & ZIP)

Dear Pastor,

The above-named family has made application for their child(ren) to attend Our Lady of Mount Carmel School. As part of the application process and because of tiered-tuition rates, written confirmation of parish membership and involvement is required for Catholic families. Please provide the following information and return this form to Our Lady of Mount Carmel School. Your time and effort is greatly appreciated.

Please mark applicable items:

- \_\_\_\_\_ The above-named family is a registered member of our parish.
- \_\_\_\_\_ The above-named family is not a registered member of our parish.
- \_\_\_\_\_ The above-named family is a financially contributing member of our parish.
- \_\_\_\_\_ The above-named family is not contributing financially to our parish.

If applicable, please briefly describe the involvement of any of the family members, i.e. lector, altar servers, choir, or other parish organization, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parish: \_\_\_\_\_

Pastor's Signature or Designated Representative: \_\_\_\_\_  
2018-19