



Our Lady of Mount Carmel School

APPLICATION FORM

A completed application form must be returned with required application materials to the school office. Academic references from your child's current school may be sent under separate cover. **Incomplete applications may cause untimely delays in the processing of your child's application and/or acceptance.**

TODAY'S DATE: _____

CURRENT GRADE: _____

CHILD'S NAME:	_____	_____	_____	AGE:	_____
	LAST	FIRST	MIDDLE		
DATE OF BIRTH:	_____	PLACE OF BIRTH:	_____	GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	(Copy of Birth Certificate Required)				
DATE OF BAPTISM:	_____	RELIGION:	_____	CHURCH:	_____
	(Copy of Baptismal Certificate Required if Catholic)				
DATE OF FIRST COMMUNION:	_____	CHURCH:	_____		
SCHOOL LAST ATTENDED:	_____			CURRENT GRADE:	_____
SCHOOL'S ADDRESS:	_____	_____	_____	_____	_____
	STREET	CITY	STATE	ZIP	
TEACHER'S NAME:	_____				
CHILD LIVES WITH:	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> OTHER	
SIBLINGS NAMES:	NAME: _____	AGE: _____	SCHOOL: _____		
	NAME: _____	AGE: _____	SCHOOL: _____		
	NAME: _____	AGE: _____	SCHOOL: _____		

FATHER'S NAME:	_____	_____	_____		
	LAST	FIRST	MIDDLE		
EMAIL ADDRESS:	_____		PHONE: (_____)	_____	
	(Print Legibly)				
ADDRESS:	_____	_____	_____	_____	_____
	STREET	CITY	STATE	ZIP	
BIRTHPLACE:	_____		RELIGION:	_____	
OCCUPATION:	_____		EMPLOYED BY:	_____	
MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> REMARRIED	<input type="checkbox"/> SINGLE

MOTHER'S NAME:	_____	_____	MAIDEN NAME:	_____	
	LAST	FIRST			
EMAIL ADDRESS:	_____		PHONE: (_____)	_____	
	(Print Legibly)				
ADDRESS:	_____	_____	_____	_____	_____
	STREET	CITY	STATE	ZIP	
BIRTHPLACE:	_____		RELIGION:	_____	
OCCUPATION:	_____		EMPLOYED BY:	_____	
MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> REMARRIED	<input type="checkbox"/> SINGLE

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?

4. Have you applied for admission into Our Lady of Mount Carmel School for this child before? Yes No

If yes, when: _____

PARISH INFORMATION

NAME OF CATHOLIC PARISH: _____

- I am a registered parishioner.
- I attend mass but am not a registered parishioner.
- I am Catholic but do not practice the faith.
- I wish to complete Catholic sacramental preparation for: Communion Reconciliation Confirmation
- I am interested in becoming Catholic or wish to learn more about the faith.

SACRAMENTS MY CHILD HAS RECEIVED: Baptism Reconciliation Communion

SACRAMENTAL PREPARATION REQUESTED FOR MY CHILD: Baptism Reconciliation Communion

STUDENTS APPLYING FOR PRE-K AND KINDERGARTEN: *Copies of birth certificate, baptismal certificate and parish form (if Catholic), are required along with the preschool academic reference for Kindergarten applicants.* Immunization records must be on file with the school office prior to the first day of school including completion of the *Health Examination Form for School Entry*. Kindergarten physicals must be performed no earlier than March of the year prior to Kindergarten entrance in the fall. There will be a \$25 Kindergarten testing fee due at the time of assessment.

STUDENTS APPLYING FOR OTHER GRADES: *Copies of birth certificate, baptismal certificate and parish form (if Catholic), most current report card, achievement test results, and academic reference must be received by the school office before an assessment test is scheduled.* Immunization records must be on file with the school office prior to the first day of school including a completed *Request for Transfer of Student Records*. There will be a \$25 testing fee due at the time of assessment.

SIGNATURE OF PERSON COMPLETING THIS FORM

RELATIONSHIP TO CHILD

FOR OFFICE USE ONLY

ASSESSMENT: Date of Test: _____ Test Time: _____ Test Fee: Check# _____
Accept Non Accept: Retest
Other: _____

ACCEPTANCE:
Accept Letter Registration Check # _____ Date Paid: _____ Gradelink FACTS



Our Lady of Mount Carmel School

ACADEMIC / CHARACTER REFERENCE
Grades K – 8

TO THE PARENT: The admission process at Our Lady of Mount Carmel School includes receiving a candid assessment of an applicant by his/her most recent teacher and/or principal. We ask that you complete the top portion of this form and then ask the appropriate person(s) indicated below to complete the rest of the form and return it to our school.

Name of Applicant: _____
(First) (Middle) (Last)

Current Grade: _____

School From Which Your Child Will Transfer:

Name of Current School: _____
Mailing Address: _____

Parent Signature: _____

TO THE TEACHER AND/OR PRINCIPAL: The above-named student is applying for admission to Our Lady of Mount Carmel School. We will appreciate your completing the form below. Your assessment and comments will assist us in evaluating his/her candidacy. Thank you for your time and thoughtful responses.

Our Lady of Mount Carmel School is a Catholic parochial school offering a structured, solid educational foundation with high academic standards in a setting that emphasizes personal, spiritual and intellectual growth. Our school has a strong religious tradition that affirms the uniqueness of each individual possessing rich talents and gifts needing to be surfaced and cultivated.

Academic Assessment	Excellent	Good	Average	Below Average
Motivation				
Creativity				
Self-Discipline				
Ability				
Effort				
Achievement				
Attendance				

Character Assessment	Excellent	Good	Average	Below Average
Leadership Ability				
Self-Confidence				
Sense of Humor				
Concern for Others				
Respect for Others				
Emotional Maturity				
Social Maturity				
Energy Level / Health				
Initiative				
Self-Esteem				
Ability to Work with Others				
Relationship with Peers				
Relationship with Adults				
Overall Behavior				

1. What are this student's most endearing qualities / characteristics talents?

2. Has this student received warnings or disciplinary action of any kind while in attendance at your school?

Yes: _____ No: _____ If yes, please explain: _____

3. Does this student have any extraordinary health problems?

4. Does this student have any learning disabilities?

5. Are the parents involved in and supportive of his/her education?

6. In what ways do you feel this student can improve?

7. Do you recommend this student without reservation? _____ If you have reservations, please explain: _____

Form Completed By: _____
Name (Please Print) Title

Signature: _____

Phone Number: () _____



Our Lady of Mount Carmel School

PARISH FORM

For Catholic families: 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 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: _____