



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

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: _____



Our Lady of Mount Carmel School

**Pre-Kindergarten Program
Child's Developmental History**

Date: _____

Child's Name: _____
First Middle Last

Name Used, If Other Than Above: _____

1. Development in Early Childhood

When did your child walk? _____

When did your child talk? _____

Does your child have bladder control? _____
Child's terminology: _____

Does your child have bowel control? _____
Child's terminology: _____

Does your child need help when going to the bathroom? _____

Does your child need reminding about going to the bathroom? _____

Does your child usually take a nap? _____
At what time? _____

Describe any special needs, handicaps, or health problems: _____

Does your child have any difficulty saying what he/she wants or do you have any trouble understanding his/her speech? _____

2. Eating Habits

What is your child's general attitude toward eating? _____

What types of food does your child especially like? _____

What type of snack is appropriate for your child? _____

What does your child usually drink? _____

For which meal is your child most hungry? _____

Does the child feed himself/herself entirely? _____

Does your child dislike any food in particular? _____

Is your child on a special diet? _____

Does your child eat or chew things that are not food? Explain. _____

Do you have any concerns about your child's eating habits? Explain. _____

Is there any food your child should not eat for medical, religious, or personal reasons? _____

3. Play and Social Experiences

Has your child participated in any group experiences? _____

Where? _____

Did your child enjoy it? _____

Does your child visit with other playmates? _____

How does your child relate to other children? _____

Does your child prefer to play alone? _____ With other children? _____

Does your child worry a lot or is he/she afraid of anything? _____

What causes worry or fear? _____

Does your child have any imaginary playmates? _____ Explain. _____

Does your child have any pets? _____

What are your child's favorite toys and/or activities? _____

How long does your child watch TV each day? _____

What are your child's favorite books? _____

4. Discipline

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child? _____

How are these concerns dealt with? _____

5. Parent's Impression and Attitude

From your point of view, what were the events, which seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of a family member, divorce)? _____

How would you describe your child at the present time? What changes have you seen in your child during the past year? _____

Does your child have any behavioral characteristics, which you hope will change? Please describe. _____

Are there any particular themes your child might be interested in learning about this school year? _____

In what ways would you like to see your child develop during the school year? _____

Form Completed By: _____
Parent Signature

Phone Number: _____



Our Lady of Mount Carmel School

**Pre-Kindergarten Program
Preferred Attendance Request Form**

CHILD'S NAME: _____
(Please Print)

PARENTS: Please indicate your attendance preference for your pre-kindergarten child(ren) by first choosing only one option box and then selecting other options accordingly. An annual increase of up to four percent should be expected for future tuition rates.

TUITION RATES AS OF 2019-20

- OPTION #1 FIVE FULL DAYS** **Annual Tuition \$9645**
- Monday – Thursday 8:00 a.m. – 3:00 p.m.
Friday 8:00 a.m. – 2:00 p.m.

- OPTION #2 THREE FULL DAYS** **Annual Tuition \$7,870**
- Select three preferences below:*
- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

PLEASE NOTE:
Every attempt will be made to accommodate your session preference based upon current space availability. Tuition rates are expected to increase up to four percent annually.

Form Completed By: _____
(Please Print)

Signature: _____

Phone Number: () _____