



# Our Lady of Mount Carmel School

## ADMISSIONS APPLICATION

### STUDENT INFORMATION

\_\_\_\_\_  
*DATE*

Name: \_\_\_\_\_  
Last First Middle Preferred

Address: \_\_\_\_\_  
Number & Street City, State Zip

Gender:  Male  Female Race/Ethnicity: \_\_\_\_\_  
(optional and for demographic purposes only)

Religion:  Catholic  Non Catholic Parish: \_\_\_\_\_

\*\*Registered members of a Catholic Parish are eligible for the Parishioner/Catholic tuition rate. To qualify for this rate, families should be regularly participating in sacramental life of the parish and provide proof of registration.

Date of Birth: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

\*\*Please note that students applying for kindergarten must be 5 years by September 1<sup>st</sup>.

### FAMILY INFORMATION

Student Resides With:  Both Parents  Mother Only  Father Only  Guardian

Parents Are:  Married  Living Separately  Divorced

**MOTHER/FEMALE GUARDIAN INFORMATION:**  **OLMC Graduate**

\_\_\_\_\_  
*Mother's Name Social Security Number*

\_\_\_\_\_  
*Address(if different from student) City, State Zip Home Phone*

\_\_\_\_\_  
*Mother's Occupation Mother's Employer*

\_\_\_\_\_  
*Cell Phone Email*

**FATHER/MALE GUARDIAN INFORMATION:**  **OLMC Graduate**

\_\_\_\_\_  
*Father's Name Social Security Number*

\_\_\_\_\_  
*Address(if different from student) City, State Zip Home Phone*

\_\_\_\_\_  
*Father's Occupation Father's Employer*

\_\_\_\_\_  
*Cell Phone Email*

***INFORMATION RELEASE***

If your child is currently enrolled in a school, please fill out the information below. Your signature gives permission for Our Lady of Mount Carmel School to contact the school identified, and for that school to provide copies of your child's academic records and standardized test scores. This information may be needed to make an informed admissions decision, as well as to determine placement for students in courses which are leveled for ability.

Name: \_\_\_\_\_  
Last First Middle Preferred

Address: \_\_\_\_\_  
Number & Street City, State Zip

Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_  
Number & Street City, State Zip

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

*Information to be requested:*

- ❖ All Grades/Report Cards
- ❖ Cumulative Attendance Record
- ❖ All Standardized Test Scores
- ❖ Any Accommodations/Modifications in Place from an IEP, 504, ISP, etc.
- ❖ Any Psycho-Education Testing or Academic Evaluations
- ❖ Any Disciplinary Actions Taken (suspensions, etc.)

I authorize Our Lady of Mount Carmel School to contact the above-named school requesting documentation on my child, and I authorize the above-named school to provide the requested documentation to Our Lady of Mount Carmel School. I understand that this information may be used to make an admissions decision as well as to place my child, if accepted, into an appropriate academic setting.

I further acknowledge that this application does not constitute a commitment by Our Lady of Mount Carmel School for admission, and that OLMC may deny admission if it determines that enrollment would not be appropriate.

**Please check off that these items have been included with your application:**

- Completed application and signed information release
- Copy of student's most recent report card
- Copy of student's birth certificate and baptismal record (if applicable)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date