



**Our Lady of Mount Carmel School**  
**2009-2010**  
**Returning Student Application**

**Mission Statement**

*Our Lady of Mount Carmel School unites with family and community to provide a Christ-centered and educationally stimulating environment, where students recognize their God-given gifts and achieve their highest potential.*

**ADMISSION POLICY**

*Admission shall be determined in the following manner:*

1. **Current Student:** Students already enrolled in OLMC School from the previous year whose parents are known to be registered, practicing, contributing and consistent members of OLMC Parish. All accounts must be up to date prior to entering in August.
2. **\*Siblings:** Children who have brothers or sisters already enrolled in OLMC School.
3. **OLMC Parishioners:** Preference is given to active members of OLMC Parish.
4. **Out of Parish:** Children from other local Catholic parishes whose parents are known to be registered, practicing and contributing members.
5. **Non-Catholic Families**

*\*While siblings are given every consideration, admission is influenced by other factors including, but not limited to behavior, individual needs, academic record and successful completion of the placement/readiness test.*

***Applications must include the following in order to be processed:***

1. *A non-refundable, returning student application fee is due if submitted by 1/19/09. Applications submitted after the 1/19/09 deadline require a non-refundable, new student application fee. Please see below for fee schedule:*

***Returning Student Application Fees:***

*One Student: \$80*  
*Two Students: \$160*  
*Each Additional Student Add \$55*  
***New Sibling Application Fee: \$90***

***New Student Application Fees:***

*One Student: \$130*  
*Two Students: \$260*  
*Each Additional Student Add \$105*

2. *Confirmation of Catholic parish registration is part of the application process for all grades.*

Grade for which you are applying \_\_\_\_\_

Date of Application \_\_\_\_\_

*For Office Use Only*

*Applicant's Name* \_\_\_\_\_ *Date Received* \_\_\_\_\_

*Application fee*      *Cash*      *Check #* \_\_\_\_\_

*Notes:* \_\_\_\_\_  
 \_\_\_\_\_

**Student Information**

Student's Full Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Has your child ever been recommended for or identified as needing:

- a. Psychological testing      Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Educational testing        Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Special education         Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Gifted Program             Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Grade retention            Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is Yes to any of the above, please explain and provide copies of testing reports.

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

**Father/Guardian Information**

Name \_\_\_\_\_ OLMC Alumnus? \_\_\_Y\_\_\_N (yr. graduated \_\_\_\_\_)  
Marital Status    Married        Separated        Divorced        Remarried  
Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**Mother/Guardian Information**

Name \_\_\_\_\_ OLMC Alumnus? \_\_\_Y\_\_\_N (yr. graduated \_\_\_\_\_)  
Marital Status    Married        Separated        Divorced        Remarried  
Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

Is applicant living with both parents?            Yes            No  
If not, with whom does applicant live? \_\_\_\_\_ Relationship \_\_\_\_\_

Correct billing address for student tuition, if other than home address. \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_