



Our Lady of Mount Carmel School
2010-2011
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 _____