

OUR LADY OF MOUNT CARMEL SCHOOL 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 Our Lady of Mount Carmel 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.

STUDENT INFORMATION

Student's Full Name: _____ Sex: M ___ F ___
Street Address _____ City _____ Zip _____
Date of Birth _____ Place of Birth _____ Soc. Sec. # _____
Home Phone # _____ Ethnicity _____ Religion _____

SACRAMENTAL INFORMATION FOR CATHOLIC APPLICANTS

Date of Baptism _____ Church, City and State _____
Date of First Penance _____ Church, City and State _____
Date of First Communion _____ Church, City and State _____

EDUCATIONAL INFORMATION

Current School _____ Address _____
Has student previously applied to OLMC School? Yes No If yes, what year? _____
Has student ever attended OLMC School? Yes No If yes, what year? _____
Has student ever repeated a grade? Yes No If yes, what grade? _____

FATHER'S INFORMATION

Last Name _____ First Name _____ MI _____
Home Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
Occupation/Title _____ Work Phone _____
Employer _____ Address _____
E-Mail _____ Religion _____ Place of Worship _____
Marital Status Married Separated Divorced Remarried

MOTHER'S INFORMATION

Last Name _____ First Name _____ MI _____
Home Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
Occupation/Title _____ Work Phone _____
Employer _____ Address _____
E-Mail _____ Religion _____ Place of Worship _____
Marital Status Married Separated Divorced Remarried

OTHER CHILDREN IN FAMILY

Name _____	Sex _____	Age _____	School Attending _____
Name _____	Sex _____	Age _____	School Attending _____
Name _____	Sex _____	Age _____	School Attending _____

Is applicant living with both parents? Yes No

If not, with whom does applicant live? _____ Relationship _____

Note: Divorced or separated parents must supply a court-certified copy of the custody section of the divorce/separation decree.

GUARDIAN'S INFORMATION

If Child does not live with FATHER or MOTHER, state:			
Last Name _____	First Name _____		
Occupation/Title _____	Work Phone _____		
Cell Phone _____	E-Mail _____	Place of Worship _____	

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

- | | | |
|---|---------|--------|
| a. Educational Testing | Yes ___ | No ___ |
| b. Psychological Evaluation | Yes ___ | No ___ |
| c. Special Education | Yes ___ | No ___ |
| d. Academic/Behavioral Classroom Accommodations | Yes ___ | No ___ |
| e. Gifted Program | Yes ___ | No ___ |
| f. Grade Retention | Yes ___ | No ___ |

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

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

SIGNATURE OF PARENT/GUARDIAN _____

