



# Our Lady of Mount Carmel School



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Newport News, VA 23601  
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[www.olmc-school.com](http://www.olmc-school.com)

## New Student Application 2017-2018

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

1. A non-refundable \$50.00 application fee must accompany each new application.
2. Applications for grades 1-8 must be submitted with a completed Authorization for Release and/or Exchange of Information form, which will be sent to your child's current school, as well as a completed Principal or Designee Recommendation Form. Acceptance for grades Pre-K through 8 is conditional upon review of records, review of range-of-abilities assessment and Principal and/or Pastor interview, if requested.
3. A completed Parish Verification form for each new family.

**NOTE:** Upon acceptance, a \$100.00 registration fee will be assessed per child, payable within two weeks of notification of acceptance.

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

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

How did you hear about OLMC School?

- Church bulletin (which parish?): \_\_\_\_\_
- Website (which one?): \_\_\_\_\_
- Print Ad (which one?): \_\_\_\_\_
- Family/Friend (if current family, whom?): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

### For Office Use Only

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

Application fee  Check # \_\_\_\_\_

Report Card  Record Release Form  Birth Certificate  Social Security Card  Health Records

Baptismal Certificate  Parish Confirmation Form

Acceptance Letter Mailed On \_\_\_\_\_ Waiting List \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **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. 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. **ACTIVE CATHOLIC FAMILIES:** Preference is given to active members of local Catholic parishes. Confirmation of Catholic parish registration is part of the application process for all grades.
4. **NON-ACTIVE CATHOLIC/NON-CATHOLIC FAMILIES:** Children from non-practicing Catholic families or children from families of other faiths.

\* While siblings are given every consideration, admission is influenced by other factors including, but not limited to, behavior, individual needs, academic record and completion of the range-of-abilities assessment.

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

### EDUCATIONAL INFORMATION

Current School _____	Address _____
Has student previously applied to OLMC School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Has student ever attended OLMC School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
Has student ever repeated a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade? _____

### FATHER'S INFORMATION

Last Name _____	First Name _____	MI _____
Home Address _____	City, State, Zip _____	
Home Phone _____	Cell Phone _____	Ethnicity _____
Occupation/Title _____	Work Phone _____	
Employer _____	Address _____	
E-Mail _____	Religion _____	Place of Worship _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	

### MOTHER'S INFORMATION

Last Name _____	First Name _____	MI _____
Home Address _____	City, State, Zip _____	
Home Phone _____	Cell Phone _____	Ethnicity _____
Occupation/Title _____	Work Phone _____	
Employer _____	Address _____	
E-Mail _____	Religion _____	Place of Worship _____
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> 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.

\_\_\_\_\_

May we keep in touch with your child's grandparents regarding Grandparents' Day activities, invitations and information on special events?

If so, please provide contact information (name, address, email):

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

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_