



Our Lady of Mount Carmel School



52 Harpersville Road
Newport News, VA 23601
Telephone (757)596-2754
Fax (757)596-1570
www.olmc-school.com

New Student Application 2011-2012

Applications must include the following information to be processed:

- | | | |
|--------------------------------------|------------------------------|-------|
| 1. A non-refundable application fee: | One Student: | \$130 |
| | Two Students: | \$260 |
| | Each Additional Student add: | \$105 |

New sibling application fee is \$90.

- Applications for grades 1-8 must be submitted with a copy of the most recent report card and a copy of the most recent standardized test results. Acceptance for grades 4K-8 is conditional upon review of records and successful completion of the placement/readiness test.
- If Catholic, confirmation of parish registration is part of the application process for all grades.

Grade for which you are applying _____

Date of Application _____

How did you hear about OLMC School?

- Church bulletin
- Newspaper (which one?): _____
- Family/Friend
- 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

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.
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 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. _____

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 _____