



**Our Lady of Mount Carmel School**  
**2012-2013**  
**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. 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.*

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

1. *A non-refundable, returning student application fee is due if submitted by 1/27/12. Applications submitted after the 1/27/12 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 \_\_\_\_\_

**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. \_\_\_\_\_

May we keep in touch with your child's grandparents regarding newsletters, invitations and other mailings?

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

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

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