

# OUR LADY OF MOUNT CARMEL SCHOOL

## Re-Registration Form for 2017-2018

(Please type or print all information. Do not staple check to form.)

Family's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Parish \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Public School District \_\_\_\_\_

**PARENTS' INFORMATION**

**FATHER**

**MOTHER**

Name (first/last)	_____	_____
Religion	_____	_____
Occupation	_____	_____
Employer	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email Address	_____	_____
Your Maiden Name		_____

**STUDENTS' INFORMATION** (List students from youngest to oldest.)

Name*	Birth Date	Grade for 2017-2018
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student/s reside/s with \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
 If other, please explain. \_\_\_\_\_

OFFICE USE ONLY    Date \_\_\_\_\_    Fee \_\_\_\_\_    Check Number \_\_\_\_\_