

# OUR LADY OF MOUNT CARMEL SCHOOL

225 E. Ashland Street  
Doylestown, PA 18901  
215 / 348-5907

## APPLICATION FORM

Today's Date \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

Parish in which you are Registered  OLMC  OLG  St. Cyril  St. Martin  Other \_\_\_\_\_

### PARENTS' INFORMATION

#### FATHER

#### MOTHER

Name (First / Last) \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Country of Birth \_\_\_\_\_

Your Maiden Name \_\_\_\_\_

Marital Status\*  M  DS  SP  DR  D  W /  M  DS  SP  DR  D  W  
(FATHER) (MOTHER)

\*M=Married DS=Divorced/Single SP=Single/Parent DR=Divorced/Remarried D=Deceased W=Widowed

Student resides with  Parents  Mother  Father  Other \_\_\_\_\_

If other, explain completely giving names and relationships.

\_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

Gender:  Male  Female

Birthdate: \_\_\_\_\_ City/State \_\_\_\_\_

Religion:  Catholic  Other \_\_\_\_\_

Baptism:  No  Yes Date \_\_\_\_\_ Church \_\_\_\_\_

City/State \_\_\_\_\_

Reconciliation:  No  Yes Date \_\_\_\_\_ Church \_\_\_\_\_

City/State \_\_\_\_\_

First  
Communion:  No  Yes Date \_\_\_\_\_ Church \_\_\_\_\_

City/State \_\_\_\_\_

Confirmation:  No  Yes Date \_\_\_\_\_ Church \_\_\_\_\_

City/State \_\_\_\_\_

Please list all schools attended (beginning with the current school).

Name of School	School Address (City/State/Zip)	Grades Attended	Reason for Leaving
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____
4. _____	_____	_____	_____
_____	_____	_____	_____

Please list the names, ages and schools of all children in the family:

Name (First/Last)	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT'S NAME \_\_\_\_\_  
Last First Middle

MEDICAL INFORMATION

Does your child take any medication on a regular basis?  Yes  No

If yes, please list medication(s), dosage, times given: \_\_\_\_\_

Does your child have any health problems? (For example: allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, etc.) If yes, please explain: \_\_\_\_\_

Has your child ever been tested for any of the following?

Learning Disabilities:  Yes  No Place/Date \_\_\_\_\_

Speech/Language Disability:  Yes  No Place/Date \_\_\_\_\_

Attention Deficit Disorder:  Yes  No Place/Date \_\_\_\_\_

Hyperactivity:  Yes  No Place/Date \_\_\_\_\_

If yes to any of the above, please share with us all information obtained from these evaluations.

Are there any situations or any other pertinent information which we should know in order to further understand your child? Please explain. \_\_\_\_\_

Has any member of your family graduated from OLMC School? If yes, please share their names, relationship, address and graduation date.

I certify that the information I have provided is accurate and complete.

\_\_\_\_\_  
Signature Date

FOR OFFICE USE ONLY

Birth

Parish

Baptism

Cov. Agree.

Immun.

Records

Fee