

OUR LADY OF MOUNT CARMEL SCHOOL

Re-Registration Form for 2018-2019

(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 2018-2019

*Do not include incoming K students
(except for current OLMC PreK students)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student/s reside/s with _____ Parents _____ Mother _____ Father _____ Other

If other, please explain. _____

OFFICE USE ONLY Date _____ Fee _____ Check Number _____ Cov. Agr. _____