

OUR LADY OF MOUNT CARMEL SCHOOL

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

REGISTRATION FORM

Today's Date _____ Applying for Grade _____ School Year _____

STUDENT'S NAME _____
Last First Middle

Address _____ Home Phone _____

City _____ State _____ Zip _____

Birthdate _____

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

Sex: 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 |
|-------------------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

