

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

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