



Our Lady of Mount Carmel School

530 Hot Springs Road
Santa Barbara, CA 93108-2098
(805) 969-5965

2018-19 APPLICATION FORM

A completed application form and other required application materials including copies of birth/baptismal certificates and completed parish form must be delivered to the school office. Academic references may be sent under separate cover from your child's current school. **Incomplete applications may cause untimely delays in the processing of your child's application and/or acceptance.**

TODAY'S DATE: _____ GRADE FALL OF 2018-19: _____

CHILD'S NAME: _____ AGE: _____
LAST FIRST MIDDLE

EMAIL ADDRESS: _____ SEX: FEMALE: _____ MALE: _____
(Print Legibly)

ADDRESS: _____
STREET CITY STATE ZIP

DAY: () _____ CELL: () _____

SECONDARY ADDRESS: _____
(For Two Household Family) STREET CITY STATE ZIP

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Copy of Birth Certificate Required)

DATE OF BAPTISM: _____ RELIGION: _____ CHURCH: _____
(Copy of Baptismal Certificate Required (if Catholic))

CHURCH ADDRESS: _____
STREET CITY STATE ZIP

DATE OF FIRST COMMUNION: _____ CHURCH: _____

CHURCH ADDRESS: _____
STREET CITY STATE ZIP

SCHOOL LAST ATTENDED: _____ GRADE: _____

ADDRESS: _____
STREET CITY STATE ZIP

TEACHER'S NAME: _____

FATHER'S NAME: _____
LAST FIRST MIDDLE

BIRTHPLACE: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYED BY: _____

MARITAL STATUS: MARRIED SEPARATED DIVORCED REMARRIED SINGLE
 Two Households / Custodial Rights Granted To: BOTH PARENTS MOTHER ONLY FATHER ONLY

MOTHER'S NAME: _____ MAIDEN NAME: _____
LAST FIRST

BIRTHPLACE: _____ RELIGION: _____

OCCUPATION: _____ EMPLOYED BY: _____

MARITAL STATUS: MARRIED SEPARATED DIVORCED REMARRIED SINGLE
 Two Households / Custodial Rights Granted To: BOTH PARENTS MOTHER ONLY FATHER ONLY

CHILD'S SIBLINGS: _____ AGE: _____ SCHOOL: _____

_____ AGE: _____ SCHOOL: _____

_____ AGE: _____ SCHOOL: _____

ABOUT YOUR CHILD:

1. Has your child had any special academic, behavioral and/or psychological difficulties?

Yes No

If yes, has professional testing been done to determine the cause of these difficulties?

Yes No

If yes to either question, please state the difficulty and the results of testing:

2. Is there anything we need to know that will help us understand your child's educational needs?

3. Why do you wish to enroll your child at Our Lady of Mount Carmel School?

PARISH INFORMATION:

1. If Catholic, in what parish are you registered? _____

N.B. Being registered in a parish means that you are formally recorded as belonging to the parish and you attend Mass and receive the sacraments on a regular basis. Registered members also contribute to the financial support of the parish.

2. Are you an active, contributing member of the parish indicated above?

Yes No

If yes, do you: •Attend mass and receive sacraments regularly?

Yes No

•Use the weekly contribution envelopes?

Yes No

•Participate in other parish functions?

Yes No

If yes, please list parish functions in which you are involved:

3. Is your child currently attending a Parish Religious Education class?

Yes No

If yes, what parish? _____

4. Have you applied for acceptance into Mount Carmel School for this child before?

Yes No

If yes, when: _____

5. Please indicate if your child needs to complete any sacramental preparation for:

Baptism

Reconciliation

Communion

N.B. STUDENTS APPLYING FOR PRE-K AND KINDERGARTEN: Copies of birth certificate, baptismal certificate and parish form (if Catholic), are required along with a completed preschool academic reference for Kindergarten applicants.

Physical examination forms are provided for Pre-K and Kindergarten after acceptance of your child into our school. Immunization records must be on file with the school office prior to the first day of school including completion of the Health Examination Form for School Entry. Kindergarten physicals must be performed no earlier than March of the year prior to Kindergarten entrance in the fall.

N.B. STUDENTS APPLYING FOR OTHER GRADES: Copies of birth certificate, baptismal certificate and parish form (if Catholic), most current report card, achievement test results, and academic reference must be received by the school office before an assessment test is scheduled. Immunization records must be on file with the school office prior to the first day of school including a completed Request for Transfer of Student Records.

There will be a \$25 testing fee due at the time of assessment for all students being considered for acceptance.

SIGNATURE OF PERSON COMPLETING THIS FORM

RELATIONSHIP TO CHILD

FOR OFFICE USE ONLY

ASSESSMENT Date of Test: _____ Test Time: _____ Test Fee: Check# _____

Accept

Non Accept:

Retest

Other: _____

ACCEPTANCE

Accept Letter Registration Check # _____

Date Paid: _____

Gradelink

Accounting