

OUR LADY OF MOUNT CARMEL SCHOOL

REGISTRATION FORM

FAMILY NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ P.O. BOX : _____

CITY/STATE _____ ZIP CODE: _____ HOME PHONE: _____

PARISH: _____ REG ___ YES ___ NO (UNLISTED: ? YES NO)

When sending mail, address to (choose one)? MR./MRS., MR., MRS., MISS, DR./MRS., MR./DR. OTHER: _____

Whom can we thank for referring you to our school? _____

PARENT/GUARDIANS

MOTHER'S FULL NAME _____ FATHER'S FULL NAME _____

MOTHER'S MAIDEN NAME: _____ JOB TITLE _____ JOB TITLE _____

EMPLOYER & ADDRESS: _____ EMPLOYER & ADDRESS _____

EMPLOYER PHONE:() _____ EMPLOYER PHONE:() _____

E-MAIL: _____ E-MAIL: _____

RELIGION/PARISH: _____ RELIGION/PARISH: _____

MARITAL STATUS: _____ CITIZEN: YES ___ NO ___ MARITAL STATUS: _____ CITIZEN: YES ___ NO ___

Circle Home Conditions: Single/Married/Separated/Divorced, Father Dead, Mother Dead, Foster Home, Mixed Religion, Father Separated, Father Remarried, Mother Separated, Mother Remarried, Any chronic illness in home _____

CHILD RESIDES WITH: _____ LANGUAGE-English is the primary language spoken in the home? YES/NO If NO, language is _____

STUDENT

STUDENT NAME: _____ GRADE ENTER: _____ PUBLIC SCHOOL DISTRICT: _____

ETHNIC BACKGROUND: _____ PLACE OF BIRTH: _____ DATE OF BIRTH: _____

DATE OF ENTRANCE _____ SCHOOL TRANSFERRED FROM (Name, Address, State): _____

DATE PLACE SACRAMENT WAS PERFORMED

BAPTISM::: ___/___/___ _____

1ST COMM: ___/___/___ _____

CONFIRM: ___/___/___ _____

RECONCILIATION: YES ___ NO ___

STEP- FATHER: _____ STEP MOTHER: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: () _____ BUS PHONE:() _____ HOME PHONE:() _____ BUS PHONE:(602) _____

RELIGION: _____ MAR STAT: _____ RELIGION: _____ MAR STAT: _____