

Our Lady of Mount Carmel Catholic School New Student Registration Form

Today's Date: _____ Student Name: _____

Address: _____ City/State: _____ Zip Code: _____

P.O. BOX: _____ Home Phone: _____

Gender: _____ Grade Entering: _____ Date of Entrance: _____

Ethnic Background: _____ Place of Birth: _____ Date of Birth: _____

School Transferred From: _____

Address: _____ City/State: _____ Zip Code: _____

Sacraments Received

DATE

PLACE SACRAMENT PERFORMED

Baptism:	___/___/___	_____
1 st Communion:	___/___/___	_____
Confirmation:	___/___/___	_____
Reconciliation:	Yes ___ No ___	_____

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES: PARENT(S)/GUARDIAN(S) INFORMATION

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES ___ NO ___ Stepparent: YES ___ NO ___

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____

Secondary Household (If Applicable) Does student reside here? YES ___ NO ___

Mother Full Name: _____ Father Full Name: _____

Stepparent: YES ___ NO ___ Stepparent: YES ___ NO ___

Address: _____ City/State: _____ Zip Code: _____

E-Mail: _____ E-Mail: _____

Cell Phone: _____ Cell Phone: _____

Religion/Parish: _____ Religion/Parish: _____

Marital Status: _____ Marital Status: _____

Employer: _____ Employer: _____