

OUR LADY OF MT. CARMEL SCHOOL

NEW STUDENTS REGISTRATION INFORMATION

The following is required for registration 2012-2013 :

A. GENERAL REGISTRATION INFORMATION:

1. Copy of Birth Certificate }
} Please note that this information is for new
} enrollments only.
2. Copy of Baptismal Certificate }
3. Copy of Immunization record (HRS Form 680 Part A) and student physical form.
These forms **MUST** be received before September.
4. Note from family physician if child is not to participate in physical activities.
5. Information sheet completed.
6. A non-refundable registration fee of \$150.00 is due at time of registration.

B. SCHOOL RELATED INFORMATION:

1. Complete name and address of the school the child is presently attending.
2. Provide a copy of the most recent report card.
3. Children entering **PK-3 Program must be three (3) by October 1st., and toilet trained.**
4. Children entering **PK-4 must be four (4) by October 1st.**
5. Students entering **Kindergarten must be five (5) by October 1st.**
(Half Day Kindergarten 8:00am-11:00am)
6. Students entering the **First Grade must be six (6) by October 1st, and have proof of completing one full year of Kindergarten.**

Forms (2012-2013)

FORMS

OUR LADY OF MT. CARMEL SCHOOL
205 Oak Street
Boonton, New Jersey 07005
(973) 334-2777 FAX (973-334-0975

REGISTRATION FEE _____
Check # _____ Cash _____

CHILD'S SOC. SECURITY # _____

REGISTRATION FORM: GRADE IN SEPTEMBER _____ 2012/2013

1. Student's Name _____

_____ Last First Middle
2. Address _____ Phone _____
_____ Street _____

_____ Town _____ Zip _____
Date of Birth _____ Place of Birth _____

Birth Certificate _____ Yes _____ No _____

Father's Name _____ Address _____

Place of Birth _____ Religion _____

Occupation _____ Phone _____

Mother's Maiden Name _____ Religion _____

Place of Birth _____

Occupation _____ Phone _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____

DIVORCED OR SEPARATED PARENTS MUST FILE A COURT-CERTIFIED COPY OF THE CUSTODY SECTION OF THE DIVORCE OR SEPARATION DECREE WITH THE PRINCIPAL'S OFFICE. THE SCHOOL WILL NOT BE HELD RESPONSIBLE FOR FAILING TO HONOR ARRANGEMENTS THAT HAVE NOT BEEN MADE KNOWN.

Language Spoken in the home: _____ Has this child had any formal education: _____ Yes _____ No _____

School _____ Location _____ Dates of this schooling _____

Siblings _____

Name Age School Attending

Name Age School Attending

Sacraments: Baptism _____ Cert. _____

Church Location Date

Penance _____ Cert. _____

Church Location Date

Eucharist _____ Cert. _____

Church Location Date

Forms

FORMS

APPLICATION FOR THE TINY TOT PROGRAM (3 YEAR OLDS)
(All PK-3 participants MUST be potty trained)
CLASS OPTIONS

_____ A. Three years old by October 1st
8:00am - 11:00am (Half Day Program) 8:00am – 2:20pm (Full Day Program)

Siblings _____ Age _____
_____ Age _____
_____ Age _____

As your child's first teacher(s) you have knowledge that can help us make your youngster's PreK-3 experience more pleasurable. Please share the following:

Please list any particular likes, dislikes or fears of your child.

Mention any other group/school experience: _____

Comments, which may help make my child's PreK-3 experience more effective: _____

Mother's signature _____

Father's signature _____

1. _____ Phone _____

2. _____ Phone _____

Pediatrician's name _____ Phone _____

Dietary and/or physical restrictions: _____

FORM

FORMS