

*Our Lady of Mt. Carmel School*  
1220 First Avenue  
Asbury Park, NJ 07712  
732-775-8989

**Application for School Year 2023 – 2024**

Date of Application \_\_\_\_\_

GRADE in September 2023 \_\_\_\_\_

\_\_\_\_\_ Taxes or employment letter  
\_\_\_\_\_ \$25.00 Application Fee (non-refundable)  
\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Baptismal Certificate  
\_\_\_\_\_ First Penance  
\_\_\_\_\_ First Eucharist  
\_\_\_\_\_ Immunization Records  
\_\_\_\_\_ Two previous report cards  
\_\_\_\_\_ Teacher Input Form

Last Name	First	Middle	Date of Birth
Address _____			
Street		City	Zip Code
Sex: M or F	Religion: _____	Current School: _____	
Home Phone: _____		Ethnicity (circle one):	Hispanic / Non-Hispanic
Cell Phone: _____		Race: _____	
Work Phone: _____		(work hours) _____	
Email Address: _____			

**FAMILY BACKGROUND**

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Mother \_\_\_\_\_

Father \_\_\_\_\_

Guardian \_\_\_\_\_

If Guardian, what is relationship to child \_\_\_\_\_

Child resides with: \_\_\_\_\_ Language Spoken in home \_\_\_\_\_

Siblings attending OLMC: \_\_\_\_\_

Registered Parish (if Catholic) \_\_\_\_\_

**If Catholic, please fill in the next section...**

	<u>Parish</u>	<u>City/State</u>	<u>Date</u>
BAPTISM	_____	_____	_____
FIRST PENANCE	_____	_____	_____
FIRST COMMUNION	_____	_____	_____
CONFIRMATION	_____	_____	_____

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Family Requirements:**

1. Completion of financial aid application with F.A.C.T.S.
2. Completion of emergency form
3. Submitting health records and student physicals / Sports physicals
4. Agreement to policies and procedures as stated in the Parent/Student Handbook and Diocese of Trenton Policy Book
5. Purchasing uniforms at the designated uniform shop (everyday uniform & gym uniform)
6. Payment of \$30.00 PTA membership fee and support of PTA events
7. Participation in fund raising activities.

**I understand the requirements listed above and agree to them.**

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**Parent/Guardian Signature**

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**Date**