



# Mount Carmel School

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## APPLICATION FOR ADMISSION

SY \_\_\_\_\_

### STUDENT RECORDS

SSN # \_\_\_\_\_ Student Name: \_\_\_\_\_ Gender \_\_\_\_\_  
 Last First Middle  
 Birthdate: \_\_\_\_\_ Religion: \_\_\_\_\_ Parish: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Current entry status on Saipan: \_\_\_\_\_ (Must provide copy of entry permit)  
 Blue Card #: \_\_\_\_\_ Hospital #: \_\_\_\_\_ Bus Rider:  Yes  No  
(Immunization Card)  
 Grade Entering MCS: \_\_\_\_\_ Status:  new (transcripts required)  returning  previous  
 Last School Attended: \_\_\_\_\_  
 Last School Address: \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_ Last Grade Level: \_\_\_\_\_

### STUDENT FAMILY RECORDS

Living with:  Parents  Father  Mother  Joint Custody  Guardian  
 \*(If Divorced or Separated, official legal documents must be submitted for record keeping in child's personal file)  
 \*(If student is Living with a guardian, official Court Documents must be submitted)

**Parent/Guardian 1**  
 Relation to Student:  Father  Mother  Guardian  Other: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Wk Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent/Guardian 2**  
 Relation to Student:  Father  Mother  Guardian  Other: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Wk Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Address**  
 Street Line #1: \_\_\_\_\_  
 Street Line #2: \_\_\_\_\_  
 Zip/Postal: \_\_\_\_\_ State/Province: \_\_\_\_\_ City: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Emergency Contact Person** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation to Student:  Father  Mother  Guardian  Other: \_\_\_\_\_

**Person responsible for the financial obligations incident to enrollment at MCS:**  
 Relation to Student:  Father  Mother  Guardian  Other: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Wk Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does student have any illness that we should know about, or that does not permit him/her from participating in outdoor or rigorous activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please provide documentation by a licensed physician.

Number of Children in Family: \_\_\_\_\_ Brothers/Sisters attending MCS – please include student applicant.  
 (list from oldest to youngest)

Name	Grade	Name	Grade
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**FOR OFFICE USE ONLY:**  
 Number of students applied for: Elementary: \_\_\_\_\_ High School: \_\_\_\_\_ Total: \_\_\_\_\_  
 Application Fee: \$ \_\_\_\_\_ OR#: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Entering MCS: \_\_\_\_\_ Date of Termination from MCS: \_\_\_\_\_  
 Reason for Termination from MCS: \_\_\_\_\_  
 President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Original – Respective School Office      Canary – Business Office      Pink – Parents)