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

Application for School Year 2025 – 2026

| Date of Application | | Taxes | /online.factsmgt.com/ or Letter of Employment | |
|---------------------------------|-------------------------|--|---|--|
| GRADE in September 2025 | | Baptismal Certificate (If Catolic) First Penance (If Catolic) First Eucharist (If Catolic) Birth Certificate Immunization Records Two previous report cards | | |
| 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 | |
| | | | | |
| Work Phone: | | | | |
| Email Address: | | | | |
| FAMILY BACKGROUND | | | | |
| Mother | | | | |
| | | | | |
| | | | | |
| | | | | |
| Child resides with: | | Language Spoken in home | | |
| | | | | |
| Registered Parish (if Catholic) | | | | |
| If you are Catholic, please fi | Ill in the next section | on, for the student | | |
| | <u>Parish</u> | City/State | Date | |
| BAPTISM | | | | |
| FIRST PENANCE | | | | |
| FIRST COMMUNION | | | | |
| CONFIRMATION | | | | |
| Parent Signature | | | Date: | |

| Family | Require | ments: |
|---------------|---------|--------|
| | | |

| 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 Har Diocese of Trenton Policy Book | ndbook and |
| 5. Purchasing uniforms at the designated uniform shop (every day uniform | & gym uniform) |
| 6. Payment of \$30.00 PTA membership fee and support of PTA events | |
| 7. Participation in fundraising activities | |
| I understand the requirements listed above and agree to them. | |
| Parent/Guardian Signature Date | |
| | |