**Our Lady of Mt. Carmel School**
**80 Ridge Street**
**Roseto, PA 18103**

# Registration Form

Student's Legal Name: _____
Last First Middle

Sex: M or F Race(optional) _____ Birth Date: _____

Place of Birth _____ Grade in September: _____

Mailing Address: _____

Telephone Home: _____ Cell: _____

Parish or Church you attend: _____

Public School District: _____

Father's Full Name: _____

Place of Birth: _____

Religion: _____ Occupation: _____

Employer: _____ Work Phone: _____

Mother's Full Name: _____

Place of Birth: _____

Religion: _____ Occupation: _____

Employer: _____ Work Phone: _____

Marital Status of Parents: MARRIED ( ) DIVORCED ( ) OTHER ( )

Student lives with: Both parents ( ) Mother ( ) Father ( ) Guardian ( )

Baptism Date: _____ Church: _____

Location/City: _____ State: _____ Zip: _____

By registering my child I agree to abide by all the rules and regulations of the current school handbook and to fulfill my obligations regarding tuition and fees.

Parent/Guardian
Signature _____ Date _____