

THIS APPLICATION WILL NOT BE ACCEPTED  
IF NOT SIGNED AT THE BOTTOM OF THIS PAGE

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The following forms must accompany this application  
before consideration for acceptance:

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Copy of Baptismal Certificate
4. Current and Past Report Cards (1st - 8th)
5. Most Recent Achievement Test Scores (2nd - 7th)
6. Completed LA "Student Health Form For School Registration" with Hepatitis B indicated or the Universal Certificate of Immunization.

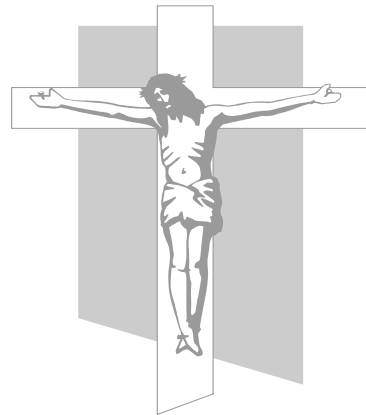
APPLICATION PROCESS WILL NOT BE CONSIDERED COMPLETE  
UNTIL THE ABOVE INFORMATION HAS BEEN SUBMITTED

*Cathedral-Carmel admits all children regardless of sex, race, color,  
national origin, or religion in accordance with priorities listed above.*

In filling out this application form, I understand that if my child is admitted to Cathedral-Carmel School, I am responsible for abiding by all rules and regulations contained in the official school handbook. Furthermore, I agree to pay all fees and tuition according to the timetable established by the school and published in the school newsletters and handbook.

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Parent/Guardian Signature / Date



# Cathedral-Carmel School

*"Christ Centered Students"*

848 St. John Street

Lafayette, LA 70501

Phone: (318) 235-5577 Fax: (318) 261-9485

www.cathedralcarmel.com

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## APPLICATION FOR ADMISSION

*One application is to be completed for each new student applying for admission.*



### Priorities for Accepting New Applicants:

1. Children whose parents have been registered, active, and contributing St. John parishioners  
*(subject to review by Church Office).*
2. Brothers and sisters of students presently enrolled.
3. Children of faculty members.
4. Children of Cathedral and Mt. Carmel Alumni and Cathedral-Carmel.
5. \* Catholic children on waiting list from the previous year.
6. Catholics according to date application is received. Students transferring from another Catholic school would have priority over transfer students from public or private schools.
7. \* Non-Catholics on waiting list from previous year.
8. Non-Catholics according to date application is received.

\* All applications must be resubmitted each year for those on waiting list from previous year. \*

Pre-K students must be 4 years of age on or before September 30.  
Kindergarten students must be 5 years of age on or before September 30.

**APPLICANT** **Grade Applying For** \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Preferred Name

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. City State Zip

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Student's Religion \_\_\_\_\_

Church Parish \_\_\_\_\_

Application Date \_\_\_\_\_ Applied Previous Year: Yes \_\_\_\_ No \_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*St. John's Parish Office Use Only*

\_\_\_\_\_  
Pastor's Signature \_\_\_\_\_ This is a registered / active / supporting family  
*(Required only for members of St. John's Parish)* \_\_\_\_\_ This is a registered / non-active / non-supporting family

**PARENTS**

\_\_\_\_\_  
Married Separated Divorced

\_\_\_\_\_  
Mother remarried Father remarried

\_\_\_\_\_  
Mother deceased Father deceased

Applicant is living with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Guardian (give relationship) \_\_\_\_\_

Provide name and address of parent or guardian who will have legal responsibility for:

Custody \_\_\_\_\_ Tuition \_\_\_\_\_

School Communications (including report cards) \_\_\_\_\_

**FATHER**

Name \_\_\_\_\_  
Last First Middle Telephone (if different from applicant's)

Phone (Home/ Work / Cell ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
(if different from applicant's) Street/P.O. City State Zip

Religion \_\_\_\_\_ Alumni / Class of \_\_\_\_\_

**MOTHER**

Name \_\_\_\_\_  
Last First Middle Telephone (if different from applicant's)

Phone (Home/ Work / Cell ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
(if different from applicant's) Street/P.O. City State Zip

Religion \_\_\_\_\_ Alumni / Class of \_\_\_\_\_

**SIBLINGS & FAMILY**

List names and grades of brothers and/or sisters presently attending Cathedral-Carmel School:

\_\_\_\_\_  
\_\_\_\_\_

List Siblings (*Not School Age*):

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

If either parent graduated from Cathedral, Mt. Carmel of Lafayette, or Cathedral-Carmel:

List any family alumni's Name, School, and Year of Graduation: \_\_\_\_\_

\_\_\_\_\_

**SCHOLASTIC INFORMATION**

Current or most recent school attended \_\_\_\_\_

Grades Attended \_\_\_\_\_ Counselor or Principal \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. City State Zip

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Other Schools Attended (starting with the most recent):

Name \_\_\_\_\_ Grades \_\_\_\_\_

Name \_\_\_\_\_ Grades \_\_\_\_\_

Has your child ever been evaluated for special services? Yes / No

If you answered yes, please attached your child's most current evaluation.