

THE APPLICATION PROCESS WILL NOT BE COMPLETE UNTIL THE FOLLOWING DOCUMENTATION HAS BEEN SUBMITTED, ALONG WITH THIS APPLICATION FORM. CATHEDRAL-CARMEL SCHOOL ADMISSIONS DEPARTMENT WILL CONTACT YOU AFTER REVIEWING YOUR APPLICATION.

**DOCUMENTS NEEDED**

1. Copy of Birth Certificate
2. Copy of Social Security Card
3. Copy of Baptismal Certificate
4. Current and Past Report Cards
5. Most Recent Standardized Test Scores
6. Completed LA "Student Health Form For School Registration" with Hepatitis B indicated or the "Universal Certificate of Immunization"
7. If your child receives special services, include IEP, physician's evaluation, etc.

***St. John's Parish Office Use Only***

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

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Date



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

# Cathedral-Carmel School

*"Christ Centered Students"*

848 St. John Street  
 Lafayette, LA 70501  
 Phone: (337) 235-5577 Fax: (337) 261-9493  
 www.cathedralcarmel.com



## APPLICATION FOR ADMISSION

*One application should be completed for each new student applying for admission.  
 All applications must be resubmitted each year for those on the waiting list from the previous year.*

**\*\* Applications for new enrollment will be accepted beginning on \_\_\_\_\_.\*\***

### Priorities for Accepting New Applicants:

1. Siblings of students presently enrolled at Cathedral-Carmel School
2. Children of current faculty members
3. Registered and active St. John parishioners
4. Children of Cathedral High School, Mt. Carmel (*Lafayette*), and Cathedral-Carmel School alumni
5. Children of St. Thomas More Catholic High School alumni
6. Catholics according to the date application is received
7. Non-Catholics according to the date application is received

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

***Admissions Office Use Only***

Applicant's Name \_\_\_\_\_ Priority No. \_\_\_\_\_  
 Date of Receipt \_\_\_\_\_ Time of Receipt \_\_\_\_\_ Assigned Teacher \_\_\_\_\_  
 Additional information: \_\_\_\_\_

**STUDENT APPLICANT**

**Grade Applying For** \_\_\_\_\_ **School Year** \_\_\_\_\_

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

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

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

Gender \_\_\_\_\_ Race \_\_\_\_\_ Applicant's Religion \_\_\_\_\_

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

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

Circle if applicable: speech and language, attention deficit disorder, gifted, dyslexia,  
behavior difficulties, learning difficulties, other \_\_\_\_\_

*(Please attach your child's most current evaluation.)*

**SCHOLASTIC INFORMATION**

Current School \_\_\_\_\_ Principal \_\_\_\_\_

School's Address \_\_\_\_\_  
Street/P.O. City State Zip

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

**OTHER SCHOOLS ATTENDED**

Name of School \_\_\_\_\_ Grades \_\_\_\_\_

Name of School \_\_\_\_\_ Grades \_\_\_\_\_

What public school would your child attend? \_\_\_\_\_

**SIBLINGS**

List names and grades of siblings presently attending Cathedral-Carmel School:

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

**FATHER**

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

Address \_\_\_\_\_  
Street City State Zip

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

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

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

Religion \_\_\_\_\_ CCS Alumni / Class of \_\_\_\_\_ STM Alumni / Class of \_\_\_\_\_

**MOTHER**

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

Address \_\_\_\_\_  
Street City State Zip

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

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

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

Religion \_\_\_\_\_ CCS Alumni / Class of \_\_\_\_\_ STM Alumni / Class of \_\_\_\_\_

Applicant is living with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father

\_\_\_\_\_ Guardian (*Relationship*) \_\_\_\_\_

**EMERGENCY CONTACTS** (other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_