



Sibling Application

Applying for Grade/ Academic Year _____

Date _____

Student Last Name _____ First Name _____ Middle Name _____ Birthdate (mo/day/yr) _____

Address _____ City _____ State _____ Zip _____

Telephone (Indicate: Home/Cell) _____ Sex _____ Birthplace _____ Citizenship _____

Religion _____ Parish _____ Language Spoken in Home _____

How did you learn about Saint Therese Carmelite School? _____

Sacramental Information

Baptism Date (mo/day/yr) _____ Church _____ City _____ State _____

First Communion Date (mo/day/yr) _____ Church _____ City _____ State _____

School Information

Current School _____ City _____ State _____

Past School _____ Dates Attended _____ City _____ State _____

Past School _____ Dates Attended _____ City _____ State _____

Has applicant ever skipped a grade? _____ If so, what grade? _____

Has applicant ever repeated a grade? _____ If so, what grade? _____

Does the applicant have any diagnosed physical or learning disabilities? If yes, please describe. (If applicant has an IEP, please include with application). _____

Medical Information

Does the applicant suffer from specific medical condition(s) that may affect his/her academic performance? If so, please describe his/her condition and needs. _____



Student Questionnaire

*Applicants are to answer these questions in the spaces below.
 Entering TK through 2nd grade applicants may dictate their answers to be written by the parent, if necessary.*

What hobbies, sports, and activities do you most enjoy?

What is your favorite academic subject?

Describe an important event or a person who has had a particular impact on your life.

Student Essay

*Please handwrite your answer on the lines below (for grades entering 3-8)
 Why do you want to come to Saint Therese Carmelite School?*

