



**Deadline for priority consideration is Feb 17, 2021  
Student application is not complete until the completed form is  
received via:**

Email: [olmcschool@olmc1.org](mailto:olmcschool@olmc1.org)  
Fax: 317-582-2375  
Mail: OLMC School Attn: Tim Fletcher  
14596 Oak Ridge Rd  
Carmel, IN 46032

### STUDENT QUESTIONNAIRE – GRADES 1 - 8

Dear Parent/Guardian,  
Please complete the top portion only and give this *Student Information Form* to your child's current teacher to fill out and return directly to Our Lady of Mount Carmel School. It may be helpful to give the teacher a stamped, addressed envelope in which to return this questionnaire.

Applicant's Name: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Applicant's Date of Birth \_\_\_\_\_

Applicant's Current Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

School: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_ has my permission to complete this questionnaire.  
(Name of School)

Dear Teacher,

The above named student is an Our Lady of Mount Carmel School applicant. We would appreciate it if you would share the following information with us. This questionnaire will not be part of his/her permanent record and will be confidential. Thank you for your cooperation. Please send this completed form to:

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	Superior	Good	Average	Below Average	Unknown
Intellectual Alertness					
Industry / Effort					
Ability to Learn					
Leadership					
Sense of Honor					
Reliability					
Cooperativeness					
Maturity					
Sense of Responsibility Toward Study					

Work Habits i.e. listening, following directions					
Able to Work in Group					
Able to Work Alone					
	Superior	Good	Average	Below Average	Unknown
Attention Span					
Classroom Behavior					
Cooperation of Parents					

Please check the words which best describe this student:

- leader     follower     friendly     passive     persistent     well-liked  
 sociable     shy     insecure     poised     affable     forthright

Has the student ever been recommended for or identified as needing:

- a. Psychological testing    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
b. Educational testing    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
c. Special education    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
d. Gifted Program    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
e. Grade retention    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
f. Has IEP on file    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
g. Has 504 Plan on file    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If the answer is yes to any of the above, did the parent cooperate fully?

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Has student ever exhibited any type of behavior that would be detrimental to the class as a whole?  
(If yes, please explain)

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We are particularly interested in evidence about character, relative maturity, independence, his/her values, the things about which the student is enthusiastic, and any special talents he/she may possess. We would like to know both strong and weak points. If more space is needed, please use a second sheet of paper.

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Signature and title of person completing this form: \_\_\_\_\_  
Date: \_\_\_\_\_

Contact person for further information, if necessary: \_\_\_\_\_