



# MOUNT CARMEL SCHOOL

Post Office Box 500006 • Saipan, MP 96950  
 670.234.6184 • 670.235.4751 (facsimile)  
[www.mountcarmelsaipan.com](http://www.mountcarmelsaipan.com) • [www.facebook.com/mtcarmelcnmi](http://www.facebook.com/mtcarmelcnmi)

## Mount Carmel School Student Club Application Form

Club Name	Student Name	Date of Application
Student Email:		Student Phone Number:
Advisor Name:		Advisor Phone Number:
Open to the Following Grade-Levels		
Purpose		
<b>Expected School-Wide Learning Results Goals</b>  <u>Select the following that apply</u>	<ul style="list-style-type: none"> <li>○ Communicate effectively using various methods and mediums</li> <li>○ Consistently exhibit Catholic attitudes, values and behavior</li> <li>○ Integrate religious themes to reinforce Catholicism and sacramental virtue of life</li> <li>○ Show leadership by being active participants within the community</li> <li>○ Appreciate traditions, customs and beliefs of diverse world-wide community</li> <li>○ Develop continually as an independent lifelong learner</li> </ul>	



# MOUNT CARMEL SCHOOL

Post Office Box 500006 • Saipan, MP 96950

670.234.6184 • 670.235.4751 (facsimile)

[www.mountcarmelsaipan.com](http://www.mountcarmelsaipan.com) • [www.facebook.com/mtcarmelcnmi](http://www.facebook.com/mtcarmelcnmi)

I, \_\_\_\_\_ (*Student's First and Last Name*), have read and agree to abide by all the written policies and procedures regarding extracurricular activities at Mount Carmel School.

I, \_\_\_\_\_ (*Advisor's First and Last Name*), have read and agree to enforce all written policies and procedures regarding extracurricular activities at Mount Carmel School, and I acknowledge that I may be held liable for any and all risks and financial commitments incurred by this club.

\_\_\_\_\_  
**School Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Institutional Development**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Date**