



St. Elizabeth of the Trinity Admission Application

Please complete one form for each child applying.

Applicant Information

Student name (last, first, middle) _____

Address _____

Home Phone Number _____ Religion _____

Male _____ Female _____ Date of birth _____ Place of birth _____

Grade applying for: _____ Academic Year: _____

Home public school: _____

Previous School Information

Student's Current School/Preschool _____

School's address _____

School's phone number _____ Dates attended _____ Current Grade _____

Reason for leaving _____

Family Information

Home Phone: _____

Father's/Guardian's Name _____ Marital Status _____

Cell phone _____ Email _____

Occupation _____ Employer _____

Birthplace _____ Religion _____

Mother's/Guardian's Name _____ Marital Status _____

Cell phone _____ Email _____

Occupation _____ Employer _____

Birthplace _____ Religion _____

Parishioner Status

Are you Catholic? _____ If so, what church do you regularly attend? _____

If you attend mass at St. Elizabeth, are you a registered parishioner? _____ Yes _____ No

Educational History:

Has your child educational support or therapy of any kind? _____ Yes _____ No

If yes, please explain: _____

Has your child ever received an educational/psychological evaluation? _____ Yes _____ No

If yes, please explain: _____

Please include copies of 504's, IEP, etc with application

For Parents with Students Transferring into Grades 1-8

What are your child's academic strengths? _____

How do you see St. Elizabeth as a good fit for your child? _____

If there is one thing you would like your child to improve on, what would that be? _____

Any other information you would like us to know about your child. _____

Parent Signature: _____

Date: _____

How did you hear about St. Elizabeth? _____

SUBMISSION

_____ Copy of most recent report card and standardized test scores are enclosed (grades 1-8)

_____ Copy of IEP/504 Plan (if applicable)

_____ Original Birth Certificate (will make a copy and return original)

_____ Copy of sacramental records (Baptismal, First Communion, Confirmation)

Preschool/Jr. Kindergarten Program Selection

Please indicate your preference for classes. We offer both 3 or 5 half days and 3 or 5 full days and do our best to honor your requests upon admission. Children must be 3 (and potty trained) or 4 years old by September 1st of the school year.

Preschool Program (3 year old)

Please select the day program you are applying for:

Morning Program (8:00 AM - 11:30 AM)

Three Days (Tuesday, Wednesday and Thursday) OR

Five Days (Monday through Friday)

All- Day Program (8:00 AM - 3:00 PM)

Three Days (Tuesday, Wednesday and Thursday) OR

Five Days (Monday through Friday)

Junior Kindergarten Program (4 year old)

Please select the day program you are applying for:

Morning Program (8:00 AM - 11:30 AM)

Three Days (Tuesday, Wednesday and Thursday) OR

Five Days (Monday through Friday)

All- Day Program (8:00 AM - 3:00 PM)

Three Days (Tuesday, Wednesday and Thursday) OR

Five Days (Monday through Friday)