



## 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)