SCHOOL OF ST. ELIZABETH
BERNARDSVILLE, NEW JERSEY

Date of Application:
MM / DD / YY
/ /

2026-2027 APPLICATION FORM| K-8

STUDENT NAME:

Last: _____ First: _____ Middle: _____

Applying for grade: o K o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8

STUDENT INFORMATION:

Address: _____

City: _____ ST: _____ ZIP: _____

Public School District: _____

Date of Birth: _____ Gender:o Male o Female

ETHNITICTY: o African American o Asian o Caucasian o Hawaiian/PacificIslander
o Hispanic o Multi-Racial o Other

PARENT / GUARDIAN INFORMATION:

Parent Marital Status: o Married o Divorced o Separated o Single

Who does child live with? o Both Parents oMother o Father o Guardian

Mother's Name: _____ o Living?

Father's Name: _____ o Living?

Guardian: _____ Relationship to Child: _____

Home Phone: ( ) _____ Mother's Mobile: ( ) _____

Father's Mobile: ( ) _____ Guardian's Mobile: ( ) _____

Primary Email: _____ Secondary Email: _____

PARISH AFFILIATION:

o Registered at OLPH Parish o Catholic registered at: _____ o Non-Catholic

Sacraments Completed: o Baptism o Reconciliation o Communion o Confirmation

PREVIOUS SCHOOL INFORMATION:

School Name: _____ Dates Attended: _____

SIBLINGS OF APPLICANT:

Name: _____ School Attended: _____

Name: _____ School Attended: _____

Name: _____ School Attended: _____

STUDENT LEARNING INFORMATION:

Has this student been evaluated by a Child Study Team of a local school district and/or private agency?* o No o Yes

Has this student had any psychological and/or neurological testing?* o No o Yes

**A copy of the Individual Education Plan or Individual Service Plan (IEP/ISP) should be forwarded to the school along with other school related records (i.e. report cards, standardized test results, etc.).*

How did you learn about School of St. Elizabeth?

_____

_____

Why do you want your child to be part of School of St. Elizabeth?

_____

_____

_____

Briefly describe your child, his/her interests, and any concerns you may have about his/her learning environment:

_____

_____

Were you referred to School of St. Elizabeth by another school family? o YES o NO

If you answered "yes", please list their name: _____

The following must be received for the application to be deemed complete:

- o $100 Application Processing Fee *(new and existing families; non-refundable)*
- o Copy of Birth Certificate
- o Copy of Baptismal Certificate *(if applicable)*
- o Immunization Records*
- o Current Universal Health Form signed by examining physician
- o Recommendation Form
- o Copy of current and previous year's report cards, standardized test
- o Release of Records Form *(students entering grades 1-8)*

**No child shall be admitted to the School of St. Elizabeth without proper proof of immunization as required by the laws of New Jersey (N.J.S.A. 26:1A-9).*

Filing this Registration Form should not be deemed acceptance to The School of Saint Elizabeth. An application will not be consid- ered complete until all necessary paperwork has been submitted. You will be notified of acceptance via a letter from the Principal.

Parent Signaure: _____ Date: _____

FOR OFFICE USE ONLY:

o Application Fee($100) Paid o Birth Certificate o Baptismal Certificate o Proof of Immunization

o Universal Health Form o Previous Grades o Recommendation