SCHOOL OF ST. ELIZABETH
BERNARDSVILLE, NEW JERSEY

Date of Submission:
MM / DD / YY
/ /

2026-2027 RECORDS RELEASE FORM

SECTION 1 — TO BE COMPLETED BY PARENT/GUARDIAN:
(Please complete a separate form for each student applicant, and return to School of St. Elizabeth. We will submit this request to the previous school.)

Student Name:_____

Previous School: _____

Contact Name:_____

School Email Address: _____

School Phone:( )_____School Fax: ( ) _____

School Address: _____City: _____ ST:_____ ZIP: _____

I, authorize the release of records requested below.

Signature:_____ Date: _____

Relationship to Student(s):_____

Parents: Please complete section one and mail or email form to: School of St. Elizabeth, ATTN: Admissions, 30 Seney Drive, Bernardsville, NJ 07924. Email: stelizabethoffice@steschool.org.

SECTION 2 — TO BE COMPLETED BY PREVIOUS SCHOOL: Please forward any and all records you may have for the student listed above, who is applying for admission to School of St. Elizabeth for the 2026-27 academic year.

We are requesting the following information:

- Achievement Test Records
- Progress Reports
- Report Cards
- Health Records
- Child Study Team Reports
- Any additional information or comments which may be helpful.