



**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: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

STUDENT INFORMATION: Address:

City: _____

Public School District: _____ ST: _____ ZIP: _____

ETHNICITY: Is the student Hispanic/Latino? ☐ Yes ☐ No Date of Birth: _____

Gender: ☐ Male ☐ Female

RACE: African American ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander
☐ Hispanic ☐ Multi-Racial ☐ Native American ☐ Other

PARENT / GUARDIAN INFORMATION:

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

Who does child live with? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Mother's Name: _____ ☐ Living?

Father's Name: _____ ☐ Living?

Guardian: _____ Relationship to Child: _____

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

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

Primary Email: _____ Secondary Email: _____

Consents to receiving SMS: ☐ Yes ☐ No

PARISH AFFILIATION:

_____ ☐ Non-Catholic
☐ Registered at OLPH Parish ☐ Catholic registered at: _____ ☐ Communion ☐ Confirmation

Sacraments Completed: ☐ Baptism ☐ Reconciliation

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? * ☐ No ☐ Yes

Has this student had any psychological and/or neurological testing? * ☐ No ☐ 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 ☐ YES ☐ NO family?

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

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

- ☐ \$100 Application Processing Fee (new and existing families; non-refundable)
- ☐ Copy of Birth Certificate
- ☐ Copy of Baptismal Certificate (if applicable)
- ☐ Immunization Records*
- ☐ Current Universal Health Form signed by examining physician
- ☐ Recommendation Form
- ☐ Copy of current and previous year's report cards, standardized test
- ☐ 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 considered complete until all necessary paperwork has been submitted. You will be notified of acceptance via a letter from the Principal.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

- ☐ Application Fee (\$100) Paid
- ☐ Birth Certificate
- ☐ Baptismal Certificate
- ☐ Proof of Immunization
- ☐ Universal Health Form
- ☐ Previous Grades
- ☐ Recommendation