



St. Elizabeth School
Wyckoff, New Jersey 07481
www.sainte-school.org
201 891-1481



Registration – 2019/2020 – Grades PK-7

Student Information:

Applying to Grade: _____

Name: _____
Last First Middle

Address: _____
Street Town State Zip Code

Home Phone: _____ Cell Phone: (1) _____ (2) _____

Sex: _____ Male _____ Female

Date of Birth: _____ (Birth Certificate Required)

Place of Birth: _____

Previous School: _____

Address: _____
Street Town State Zip Code

Family Information:

Marital Status: _____ Married _____ Divorced _____ Single _____ Widowed

Father's Name: _____
Last First

Address: _____
Street Town State Zip Code

Occupation: _____ Employer: _____

Email Address: _____

Mother's Name: _____
Last Maiden First

Address: _____
Street Town State Zip Code

Occupation: _____ Employer: _____

Email Address: _____

Number of children in Family: _____ Boys _____ Girls _____ Number attending St. Elizabeth School _____

Parish Affiliation: _____

Non-Parishioner _____

Census Information:

Child's Ethnic Heritage: _____ Asian _____ Black _____ Hispanic _____ Multi-Racial _____ White
_____ Native Alaskan/American Indian _____ Native Hawaiian/Pacific Islander

Baptized: _____ Yes _____ No (If Baptized, certificate is required)

Please submit this form with registration fee - \$250 per child. A completed health form must be submitted before entrance to school.

<u>Checklist (Office Use Only)</u>	
Completed Application	_____
Registration Fee (Non-Refundable)	_____
Birth Certificate	_____
Baptismal Certificate	_____
Health Form	_____
Student Release	_____
Transportation Form	_____