



www.saint-elizabeth.org
 Phone - 626/797-7727
 Fax - 626/797-6541

Admissions Information For 2009-2010 School Year

OPEN HOUSE

- Sunday, January 25 – 11:30am–1:30pm
 The school will host an open house during Catholic School’s Week.
 Faculty will be present to answer your questions. We strongly encourage parents and children to attend.
- Wednesday, January 28 – 8:30am–11:30pm Visit the classrooms in action.

SUBMITTING APPLICATION

- **Sibling Applications** will be accepted as of Monday, December 8, 2008. An application fee of \$60.00 is due at the time you submit the application. **Checks should be made payable to St. Elizabeth School, this fee is non-refundable.**
- A test date will be given when a completed application is submitted to the office.
- **Applications for Non-siblings** will be accepted as of Monday, January 5, 2009. You may also mail the application in. An application fee of \$60.00 is due at the time you submit the application. **Checks should be made payable to St. Elizabeth School, this fee is non-refundable.**

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION (NO EXCEPTIONS)

- State Certificate of Birth (hospital certificates are not legal documents)
- Certificates for Sacraments received (Baptism, Reconciliation, Eucharist) if applicable.
- Grade 1 - copy of most current Report Card.
- Grade 2 - copy of Kindergarten and most current Report Card for this year.
- Grades 3-8 - copies of the past 2 years Report Card and most current Report Card for this year.
- For grades 3-8 - copy of most recent Standardized Test Scores.
- Up-to-date Immunization record.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS

TESTING

- A complete application must be submitted prior to test date.
- A testing appointment will be scheduled.
- Submitting an application and/or testing does not guarantee acceptance.

ADMISSION

- Applications will be evaluated after testing is complete.
 - Letters of acceptance for the 2009-2010 school year will be mailed.
 - Priority is given to siblings, then to registered families of St. Elizabeth Parish.
1. To qualify as a supportive parishioner, the following criteria apply:
 - a. Regular Mass attendance.
 - b. Registered and active participant in parish life.
 - c. Regular use of St. Elizabeth Parish envelope.
 2. Kindergarten applicants must be five years of age on or before September 1, 2009. **No exceptions can be made.**
First Grade applicants must be six years of age on or before September 1, 2009. **No exceptions can be made.**
Eighth Grade applications will only be accepted if the student is transferring from a Catholic school.
No exceptions can be made.
 3. Kindergarten enrollment will be limited to 28 students.
 Grades 1-8 enrollment will be limited to 36 students.
 4. Tuition and fees for the current year are below.

Application Fee	\$60 (per student)
Registration Fee	\$100 (per family - upon acceptance)
Commitment Fee	\$350 (per family - upon acceptance)
Service Hours Fee	\$450 (per family) or 30 hours of service
Ways & Means Fee	\$150 (per student) or fundraising throughout the year
Book & Tech Fee	\$150 (per student) or fundraising throughout the year

2009-2010 tuition rates
to be determined

	<u>2008-2009 Annual Tuition Rates</u>		<u>Twelve Month Rates</u>	
	Parishioner	Non-Parishioner	Parishioner	Non-Parishioner
Per student	\$4,310	\$5,726	\$360	\$478



2009-2010 APPLICATION

APPLICANT FOR GRADE _____

\$60 Application Fee _____
Test Date _____

NAME OF STUDENT _____
Last
First
Middle

Date of Birth: _____ Birth Place: _____

Address/city/zip: _____

Home Phone: _____ Work Phone: _____

Father Mother

Cell Phone: _____

Father Mother

Child lives with: Both natural parents Mother only Father only
(please complete) Mother/Stepfather Father/Stepmother Guardian (relationship)

FAMILY INFORMATION

FATHER: _____
Last
First
Middle
Birthplace

Religion Occupation *Marital Status Church of Marriage

MOTHER: _____
Last
First
Maiden Name
Birthplace

Religion Occupation *Marital Status Church of Marriage

***If divorced or separated, please attach custody information.**

STEP PARENT/GUARDIAN: _____
Last
First
Middle

Religion Occupation Marital Status

Year	SCHOOL(S) PREVIOUSLY ATTENDED (list most current first) Grade	Name of School and Full Address, Street, City, Zip

PARISH AND SACRAMENTAL INFORMATION

RELIGION of student: _____

MASS ATTENDANCE OF FAMILY

_____Daily _____Weekly _____Monthly _____Occasionally

PARISH INVOLVEMENT

Are you registered in St. Elizabeth Parish? Yes____ No____ Parish Envelope # _____

What church does family attend if not St. Elizabeth:

List volunteer service/s to the parish:

STUDENT SACRAMENTAL INFORMATION (proof must be attached)

Baptism: _____

Date Church City State

Reconciliation: _____

Date Church City State

First Eucharist: _____

Date Church City State

1. WHY ARE YOU CHOOSING ST. ELIZABETH PARISH SCHOOL FOR YOUR CHILDREN?

2. WHAT DO YOU HOPE ST. ELIZABETH PARISH SCHOOL WILL PROVIDE FOR YOUR CHILDREN?

3. CATHOLIC EDUCATORS RECOGNIZE THAT PARENTS ARE THE PRIMARY EDUCATORS OF THEIR CHILDREN. DESCRIBE WHAT YOU DO TO FOSTER YOUR CHILD/REN’S FAITH LIFE?



**RELEASE AND REPORT FORMS
(GRADES 1-8)**

TO THE PARENT/GUARDIAN:

1. Complete the RELEASE FORM at the bottom of this page.
2. Complete the first line of the REPORT FORM.
3. Give your child's present principal or teacher the RELEASE FORM and the REPORT FORM.
4. The principal or teacher should complete the REPORT FORM and mail or fax directly to St. Elizabeth Parish School as soon as possible.

TO THE SCHOOL:

1. The school may keep the RELEASE FORM.
2. Please do not return the REPORT to the applicant or his/her family, but mail or fax directly to St. Elizabeth Parish School.

I hereby give my permission to _____ School to release the information indicated on the SCHOOL REPORT form regarding my child, _____ for the purpose of admission to St. Elizabeth School.

The information is to be mailed to:

**St. Elizabeth Parish School
1840 North Lake Avenue
Altadena, CA 91001
Attention: Jeanette Cardamone**

Or you may fax the information to: **626/797-6541.**

Signature of Parent/Guardian: _____

Date: _____

ST. ELIZABETH PARISH SCHOOL
1840 North Lake Avenue
Altadena, CA 91001
(626) 797-7727

SCHOOL REPORT

Student : _____ Applicant for Grade _____
(2009-2010 school year)

MOST RECENT STANDARDIZED TEST RESULTS

NAME OF TEST: _____ GRADE: _____ DATE: _____

Percentile Results:

ACADEMIC GRADES

(1-Above average, 2-Average, 3-Below Average)

ACADEMIC ORIENTATION

(1-Outstanding, 2-Good, 3-Needs Improvement, 4-Poor)

Art	_____	Attitude:	_____
Math	_____	Study Habits:	_____
Music	_____	Completion of Work:	_____
Physical Ed.	_____	Group Work:	_____
Reading	_____	Relationships with peers:	_____
Science	_____	Use of time:	_____
Social Studies	_____	Attention span:	_____
Absences this year	_____	Parental Cooperation:	_____
Tardies this year	_____	Parents meet financial obligations	_____

CHARACTER EVALUATION (particular strengths or weaknesses)

Is this student expected to be retained at the same grade level for the 2008-09 school year? YES NO

Is this student part of a Special Education program? YES NO
(If yes to either question, please explain.)

Signature: _____ Position: _____

School: _____ Date: _____