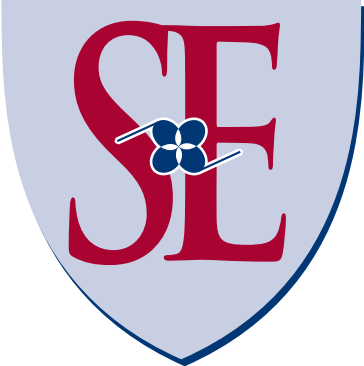


**APPLICATION FOR ADMISSIONS**

ST. ELIZABETH'S



# APPLICATION FOR ADMISSION

Applying for Grade \_\_\_\_\_, Fall \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First M.I. Preferred Name

Birthday \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Month/Day/Year

Age \_\_\_\_\_ Gender male \_\_\_\_\_ female \_\_\_\_\_

Student lives with both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other \_\_\_\_\_ (specify) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Father

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address — Street or P.O. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Business Name \_\_\_\_\_

Business Position \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Business Facsimile Number \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Religious Affiliation (optional) \_\_\_\_\_

Current Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Will you need before and/or after school care? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, full time \_\_\_\_\_ or occasional use? \_\_\_\_\_

If the student has sibling or siblings, please list their names and ages: \_\_\_\_\_

\_\_\_\_\_

## STUDENT HISTORY

Name of current/last school attended \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Principal/Headmaster. \_\_\_\_\_ Grades attended \_\_\_\_\_

Student's special interests, honors or activities \_\_\_\_\_  
\_\_\_\_\_

Has student ever been referred to anyone for academic evaluation (gifted/talent development) testing, tutoring, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of the report/evaluation must be provided to SES.

Is the student taking any medication on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does the student have a physical health problem of which the School should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Has student ever consulted, or been referred to a counselor for professional assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Has student been suspended or dismissed for academic, honor, disciplinary or other reasons? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Describe any illnesses, diseases, operations or physical disabilities which would help us work more effectively with your child in the classroom or in the athletic program.  
\_\_\_\_\_  
\_\_\_\_\_

## DETAILS

While your answer is entirely optional, to help us meet our diversity goals is the student:

Caucasian \_\_\_\_\_ African American/Black \_\_\_\_\_ Asian \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

How did you learn about St. Elizabeth's School? \_\_\_\_\_  
\_\_\_\_\_

Will you be applying for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, financial aid information and forms are available in the Admissions Office.

**Please return this application to St. Elizabeth's School, 3605 Martin Luther King Blvd., Denver, CO 80205 with a \$50.00 non-refundable application fee.**

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FAMILY FACTS**

**GRANDPARENT INFORMATION**

**Paternal**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address — Street or P.O. \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Maternal**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address — Street or P.O. \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Would you like correspondence to be sent to any other party? Yes \_\_\_\_\_ No \_\_\_\_\_

Last	First	Title	Relationship
Address	City	State	Zip

Please use the space for additional comments that would help us to know your child better.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Denver, Colorado 80205  
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admissions@stelizabethsdenver.org