

Welcome to St. Elizabeth Catholic School

Thank you for considering St. Elizabeth Catholic School. We hope you decide to follow through with your application and that St. Elizabeth proves to be the school that can best meet your child's needs. Our pirmary mission is to be an effective instrument in the educational ministry of the Catholic Church and to witness the love of Christ for all. We do not discriminate againt any applicant on the basis of race, sex, creed, color, religion or national origin.

- -Applications for Preschool ages 3 & 4 will be accepted at anytime. Must be potty trained.
- -New students for Grades Kindergarten through Grade 8 are required to take a readiness test followed by a parent interview with the principal.

Note: A child entering Kindergarten shall be 5 years old by December 31 of that year.

New Applicants: Grades PK-8

In addition to our application there is a \$25.00 application fee and you will need to bring in the following:

1.Copy of your child's legal Birth Certificate

2.Xerox Copy of Baptism Certificate (if Catholic)

3.Copy of previous years report card and this years first semester report card(K-8). (If your child is applying for Kindergarten and have attended preschool, please send in a preschool evaluation.)

- 4. Reference report completed by your child's current school (K-8grade)
 - 5. State of Hawaii Medical Forms/TB Clearance (once accepted)
 - 6. Preschool profile sheet

Returning Students

Each school year, parent's must re-enroll their child/children for the coming year by completing an intent to return form that is sent home in late January along with a \$400.00 registration fee.



History:

St. Elizabeth was established in 1964 under the Sacred Hearts Fathers and staffed by the Dominican Sisters of the Most Holy Rosary. At present, St. Elizabeth is staffed by Diocesan priest, Dominican Sisters and lay instructors. The school has produced more than 1,400 graduates who have successfully entered the job force as graduates from catholic high schools and universities.

School Hours:

Regular attendance and punctuality are encouraged. School begins promptly at 7:50 a.m. with a warning bell at 7:45 a.m. Students arriving before 7:30 a.m. should be enrolled in morning care or in the church at our daily 7:00 a.m. mass. School ends at 2:30 p.m. (Grades K-4) and 2:45 p.m. (Grades 5-8). The 1st and 3rd Fridays of the month are 12:00 p.m. dismissal days. The school calendar is prepared and sent home each year.

Office Hours:

Office hours are from 7:30 a.m. to 3:00 p.m. Monday through Friday with the exception of the 1st and 3rd Fridays of the month when the office closes at 12:00 noon for teacher meetings.

Curriculum:

Academic Programs:

- **1. Religion -** Provides the student with a basic foundation in Catholic teachings and varied opportunities to develop a personal relationship with God. Students are required to participate in Religion classes and church services held during the school day.
- **2. Language Arts -** Develops proficiency in Reading, Writing, Listening and Speaking skills which enable communication with others in standard English.
- **3. Mathematics -** Develops "mathematical power" so students can apply math beyond the classroom.
- **4. Science -** Enhances the discovery and appreciation of the natural environment and promotes the desire of inquiry and discovery.
- 5. Social Studies Develop global awareness, good citizenship, etc.

Co-Curricular Programs

- 1. Physical Education
- 2.. Music
- 3. Health/Human Sexuality
- 4. Computer Literacy
- 5. Speech
- 6. Art
- 7. Robotics

Extra-Curricular Activities

Sports (Grades 4-8)
Campus Safety Officers
Educational Excursions
Student Council
Hula Halau
Student of the Quarter
Praise Choir
After School Clubs



ST. ELIZABETH CATHOLIC SCHOOL AIEA, HAWAII

PHILOSOPHY

St. Elizabeth Catholic School is a Catholic Community centered in Christ and committed to the formation of the whole child. We strive for academic excellence through a curriculum that integrates Catholic Truths and Values.

We foster compassion, care, respect, diversity and student responsibility in accordance with the teachings of Jesus Christ. We promote optimal learning through spiritual, intellectual, psychological, emotional, physical and sociological development.

MISSION STATEMENT

St. Elizabeth Catholic School is integral to the mission of the Catholic Church. We teach Jesus Christ's transforming love, compassion, care and respect.

With our parents as the primary educators, we provide quality Catholic education through an integrated 21st century curriculum, preparing all students to face the challenges of life by living and modeling Catholic values.



"Where Knowledge Truth & Values Meet"

ST. ELIZABETH CATHOLIC SCHOOL AIEA, HAWAII

SCHOOL-WIDE LEARNING EXPECTATIONS

St. Elizabeth Catholic School students demonstrate:

- 1. Catholic Values:
- Pray Daily, attend mass & receive sacraments on a regular basis
- Participate in the liturgy
- · Practice sound moral conduct
- 2. A strong foundation in all curriculum areas:
 - Perform strong reading, writing, listening & speaking skills
 - Problem solving using math daily
 - · Promote stewardship in science, social studies & fine art
- 3. Interpersonal skills:
 - · Collaborate with others
 - Value diversity
- 4. Proficient communication:
 - · Listen, read, write and speak clearly
 - Use technology responsibly
- 5. Global awareness:
 - Respect all cultures
 - Understand past and present events in all societies
- Life-long learning:

Critical thinking:

- o Creative
- Organized
- Motivated
- Be open-minded
- Be Healthy
- (Physical, emotional, social, spiritual)

ST. ELIZABETH CATHOLIC SCHOOL

— STUDENT APPLICATION FORM



STUDEN	TINFORM	MATION		
Last Name			First Name	MI
Date Of Birth :	D D M	M Y Y	SSN	Grade Entering
Full Address :				
City / Country :			Zip Code:	
Gender :	Male	Female	U.S. Citizen	: Yes No
_	Place Of Birth of birth is other (ear of Arrival)			
RELIGIO	US AFFIL	IATION:	:	
IF Catholic, : Parish				
Baptism Date:			Church :	
First Communic	on Date:		Church :	
ETHNIC	BACKGR	OUND:		
	Asian		Black/African American	Multiracial
	Americai Native		Hawaiian/ Pacific Islander	White
	America Langu	n age Spoker Home		

ST. ELIZABETH CATHOLIC SCHOOL





FATHER'S INFORM	ATION:	
Last Name	First Name	MI
Religion	Occupation:	
Full Address :		
City / Country :	Zip Code:	
Cell Phone:	Home Phone:	
Employer/Employer's Address		
City/Zip:	Business Phone:	
Email Address :		
MOTHER'S INFORM		
Last Name	First Name	MI
Religion	Occupation:	
Full Address :		
City / Country :	Postcode	:
Cell Phone:	Home Phone:	
Employer/Employer's Address		
City/Zip:	Business Phone:	
Email Address :		
Child Lives with:	Parents Are:	MARRIED REMARRIED
Other Schools attended with dresses & years		DECEASED

St. Elizabeth Catholic School 99-310 Moanalua Rd Aiea, HI 96701

TO THE PARENT OR GUARDIAN:

Please complete and sign the Consent for Release of information printed below and type or print your child's name and grade on the reverse side, then submit to an official at your child's **CURRENT** school.

CONSENT FOR RELEASE OF INFORMATION:

I, parent or legal guardian of
hereby grant permission to
to release copies of the
following educational records of our child to St. Elizabeth
Catholic School.
 Standardized Testing Results Courses and Grades (current first semester & last year) Personal Comments & Impressions

St. Elizabeth Catholic School 99-310 Moanalua Rd Aiea, HI 96701

TO THE SCHOOL ADMINISTRATOR:

We sincerely appreciate your willingness to complete the Confidential Administrator Report for this applicant. Should you have any questions, please contact our office at 808-488-5322.

Confidential Administrator Report

Students Name	Applicant for Grade:
Parent Signature:	

If the applicant is known to you, please also give us your personal comments and impressions regarding his/her character and academic performance.

Department of Education Student's Health Record

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☐Medication ☐Car	□Cancer/Leukemia	ukemi]Gen	etic C	☐Genetic Condition	on]Meta]Metabolic Disorder	isord	er								
					Phys	ical E	xami	natio) (N -	Norm	al, A	Physical Examination (N - Normal, A - Abnormal, R -	rmal,	- 1	ecei	ving	Receiving Care)					
Date Height	Weight BMI	*Blood Lead	Blood Pressure	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Provider's Signature		Printe	Printed Name	Ф	
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Check appropriate box	box			Date		DTaP,	P, DTP,	P, DT or		Type												
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Negative test for TB infection	ection									Type												
Positive test & negative chest x-ray	chest	x-ray				Poli	Polio (IPV or OPV)	or O		Date					<u> </u>	-						
Dental Examination	Examin	ation				Hib	Hib (Haemophilus	nophi		Type												
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TATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, February 2022 if recommended/required based on screening/EPSDT requirements.	ng/EPSDT r	FORM 14 equireme	, February 2 ints.	022		Other	er			Date					<u> </u>	<u> </u>					_	

Health History Comments: Include Referrals and Reports. Recommendation for significant findings. (Please Print)

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											Signature & Title
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