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 primary 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 against 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.

New Applicants: Grades PK-8

In addition to our application there is a $30.00 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 year 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, parents 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 $425.00 registration fee.

About Us

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 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).

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's 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

Physical Education
Handwriting
Music
. Health/Human Sexuality
Computer Literacy
Art
Stem

Extra-Curricular Activities

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

"Where Knowledge, Truth & Values Meet"

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

6. Life-long learning:

Critical thinking:
   - Creative
   - Organized
   - Motivated
   - Be open-minded
- Be Healthy
- (Physical, emotional, social, spiritual)

ST. ELIZABETH CATHOLIC SCHOOL

— STUDENT APPLICATION FORM

"Where Knowledge, Truth and Values Meet"

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Date Of Birth : _____ _____ _____ _____ _____ _____ SSN _____ Grade Entering _____

D D M M Y Y

Full Address : _____

City / Country : _____ Zip Code: _____

Gender : _____ Male _____ Female U.S. Citizen : _____ Yes _____ No

Place Of Birth (If country of birth is other than US, Year of Arrival) _____

RELIGIOUS AFFILIATION:

IF Catholic, Parish : _____

Baptism Date: _____ Church : _____

First Communion Date: _____ Church : _____

ETHNIC BACKGROUND:

_____ Asian _____ Black/African American _____ Multiracial

_____ American/ Native American _____ Hawaiian/ Pacific Islander _____ White

Language Spoken at Home _____

ST. ELIZABETH CATHOLIC SCHOOL

— STUDENT APPLICATION FORM

"Where Knowledge, Truth and Values Meet"

FATHER'S INFORMATION:

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 INFORMATION:

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 ☐ DECEASED

Other Schools attended with addresses & years

Department of Education

Student's Health Record

Student Information

Name: _____
(Last) (First) (Middle Initial)

Sex: ☐M ☐F
DOB: ____/____/____

Entry dates
Pre-K: ____/____/____
Elem.: ____/____/____
Int./Middle: ____/____/____
High: ____/____/____

Student Address Label

Parent/Legal Guardian Names:
1. _____ 2. _____

Medical Conditions

☐Allergies	☐Asthma	☐Chronic Cough/Wheezing	☐Hearing Problems	☐Seizures	Other
☐Bees	☐Blood Disorders	☐Diabetes Type I	☐Heart Condition	☐Skin Problems	_____
☐Food	☐Bone/Joint Disorders	☐Diabetes Type II	☐High Blood Pressure	☐Vision Problems	_____
☐Medication	☐Cancer/Leukemia	☐Genetic Condition	☐Metabolic Disorder		_____

Physical Examination (N - Normal, A - Abnormal, R - 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	Printed Name
____/____/____																				
____/____/____																				

Tuberculosis Evaluation

Check appropriate box	Date
☐Negative TB Risk Assessment	____/____/____
☐Negative test for TB infection	____/____/____
☐Positive test & negative chest x-ray	____/____/____

Dental Examination

Dental Check-Up	____/____/____
Dental Check-Up	____/____/____

Vision and Hearing

Visual Acuity ☐Color Vision Deficient
R 20 /____ L 20 /____
☐ Corrected ☐Corrected ____/____/____

Hearing Thresholds
500 1000 2000 4000
R _____|_____|_____|_____
L _____|_____|_____|_____ ____/____/____

Signature or Stamp of Healthcare Provider or Clinic:

_____

Immunizations

DTaP, DTP, DT or Td	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Polio (IPV or OPV)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Hib (Haemophilus influenzae tybe b)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Pneumococcal Conjugate	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Hepatitis B	Type				Varicella immunity secondary to disease (date)	
	Date	____/____/____	____/____/____	____/____/____		____/____/____
Hepatitis A	Type			Varicella		
	Date	____/____/____	____/____/____	Date	____/____/____	____/____/____
MMR	Type				MCV	
	Date	____/____/____	____/____/____		Date	____/____/____
HPV	Type				Tdap	
	Date	____/____/____	____/____/____	____/____/____	Date	____/____/____
Other	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, February 2022
*If recommended/required based on screening/EPSDT requirements.

6-8A

RS 22-1004 (Rev. of RS 18-0811) May 2022

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

Date		Signature & Title	Date		Signature & Title

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

_____ _____

Signature of Parent/Guardian Date

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.