



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 year's 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-8 grade)
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

Department of Education Student's Health Record

Student Information

Name: _____ (Last) _____ (First) _____ (Middle Initial) Sex: M F
 Parent/Legal Guardian Names: 1. _____ 2. _____
 DOB: ____/____/____
 Entry dates: Pre-K: ____/____/____
 Elem.: ____/____/____
 Int./Middle: ____/____/____
 High: ____/____/____

Student Address Label

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	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date	Type	Date		
Polio (IPV or OPV)	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
Hib (Haemophilus influenzae type b)	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
Pneumococcal Conjugate	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
Hepatitis B	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
Hepatitis A	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
MMR	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
HPV	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____
Other	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____	Type	____/____/____

Varicella immunity secondary to disease (date)

Date

Date

Date

Date

Date

Date

Date

Date

Date



ST. ELIZABETH CATHOLIC SCHOOL PERSONAL PROFILE SHEET



Thank you for trusting us with your child this year. Please complete this survey of your child and his/her interest. It will help us become better acquainted with your child and better able to meet his/her needs.

Child's Full Name/Nickname: _____

Birth Date: _____

Siblings: _____

What do you like to do as a family?

What is the most important thing we need to know about your child?

Most Favorite: _____

Least Favorite: _____





ST. ELIZABETH CATHOLIC SCHOOL PERSONAL PROFILE SHEET



What is his/her eating and sleeping habits?

What are some strengths and weaknesses of your child?

Things you would like to see your child do in his/her class?

