

SAINT ELIZABETH SCHOOL
Greenwood Avenue
Wyckoff, New Jersey 07481
REGISTRATION FORM



Grade Entering: _____ Registration Fee: \$250

Name: _____
Family First Middle

Address: _____
Street City State

Home Phone: _____ Cell Phone: _____

Gender: Male _____ Female _____ Children in Family: Boys _____ Girls _____

Birth Date: _____ Place of Birth: _____

Previous School: _____
Name City State

Father: _____
Family First Middle Nationality Religion

Occupation: _____ Cell Phone: _____

E-Mail Address: _____

Mother: _____
Family First Middle Nationality Religion

Occupation: _____ Cell Phone: _____

E-Mail Address: _____

Registered in the Archdiocese of Newark: Yes _____ No _____

Does your child have an IEP/ISP or 504? Yes _____ No _____
If yes, bring copy.

Baptism: Parish: _____ Date: _____

First Penance: Parish: _____ Date: _____

First Eucharist: Parish: _____ Date: _____