



Application for Admission

The Elisabeth Morrow School

Applicant Information:

Has the candidate previously applied to EMS? Yes ___ No ___

Full name of candidate _____

Home address _____
Last First Middle Usually called

Street _____

City/Town State Zip Code Telephone _____

Gender Birth date Place of birth Present grade _____

Applying for grade _____ For academic year beginning September _____

Family Information:

Parent/Guardian
Mr. Ms. Mrs. Dr.

Name _____
Home address (if different from candidate) _____

Daytime Phone _____

Occupation _____

Position _____

Company _____

Address _____

Evening Phone _____

Email _____

Schools/Colleges Attended _____

Parent/Guardian
Mr. Ms. Mrs. Dr.

Name _____
Home address (if different from candidate) _____

Daytime Phone _____

Occupation _____

Position _____

Company _____

Address _____

Evening Phone _____

Email _____

Schools/Colleges Attended _____

Check if Applicable:

- Parents Separated
- Mother Remarried
- Mother Deceased
- Parents Divorced
- Father Remarried
- Father Deceased

Custodial Parent _____ Stepfather's Name _____ Stepmother's Name _____

Please list the names of brothers and/or sisters:

Full name	Current school or college	Birth date	Gender (m/f)
_____	_____	_____	_____
_____	_____	_____	_____

Are any applying to The Elisabeth Morrow School? Yes No If yes, Name _____

Please list any members of the family who have attended The Elisabeth Morrow School:

Full name	Relationship to candidate	Years of attendance
_____	_____	_____
_____	_____	_____

How did you learn of The Elisabeth Morrow School? _____

Candidate's Citizenship:

U.S. Citizen Permanent Resident with Alien Registration Number _____

Other If other, please indicate country of citizenship _____

Is the candidate presently in the U.S.? Yes No

If permanent resident or other, please indicate the date the candidate entered the U.S. _____

Candidate's primary language: _____

How would you describe the candidate's background* (Optional)

Asian or Pacific Islander Asian Indian African American Multiracial Caucasian/White

Native American Other (please specify) _____

***This information is used for statistical purposes only.**

Candidate's Current School:

School Name _____	Telephone _____
Address _____	Grade _____
Teacher's Name _____	

Financial Aid

If you are applying for financial aid, please complete the enclosed form (for candidates applying to prekindergarten through grade seven only). Please mail this application along with a \$60.00 non-refundable application fee to the Office of Admissions and Financial Aid. Make checks payable to The Elisabeth Morrow School and mail to: Office of Admissions and Financial Aid, The Elisabeth Morrow School, 435 Lydecker Street, Englewood, NJ 07631

Date _____ Signature _____

The Elisabeth Morrow School is fully committed to complying with any applicable federal and state laws with respect to the administration of its educational policies, admissions policies and practices and financial aid programs.