ST. PIUS X PARISH SCHOOL
ESTABLISHED 1955

**ST. PIUS X PARISH SCHOOL**
**FAITH ACADEMICS COMMUNITY**
10855 S. Pioneer Blvd. Santa Fe Springs, CA 90670
Phone: (562) 864-4818 · Fax: (562) 864-7120
office@spxraiders.com · www.spxraiders.com

## APPLICATION FOR ADMISSION to PRESCHOOL (3 Year Old) PROGRAM

*Please fill out a separate form for each child. Please print clearly and complete entire form.*

**CHILD'S LEGAL NAME:** _____

**PROGRAM APPLYING FOR:** ☐ **Half Day** ☐ **School Day**

DATE OF APPLICATION: _____/_____/_____ DATE OF BIRTH _____/_____/_____

SEX (circle): MALE FEMALE Birthplace (City, State) _____

_____
ADDRESS (residence) CITY ZIP CODE

Siblings applying to elementary school? YES NO If YES, grade(s)? _____

Other siblings currently in our school? YES NO If YES, grade(s)? _____

### PARENT/GUARDIAN INFORMATION

Parent(s) are:
_____ Married _____ Divorced _____ Single _____ Separated _____ Remarried _____ Widowed

Child lives with: _____ Mother & Father _____ Mother Only _____ Father Only _____ Other Relatives

Primary Language spoken at home: _____ Other Languages: _____

### Mother's Information:

Name_____
FIRST MIDDLE LAST

_____
ADDRESS CITY ZIP CODE

_____
HOME PHONE CELL/ALTERNATIVE PHONE EMAIL

_____
MOTHER'S OCCUPATION EMPLOYER BUSINESS PHONE

_____

RELIGION BIRTHPLACE (City, State, Country) MARITAL STATUS

**Father's Information:**

Name_____
FIRST MIDDLE LAST

_____
ADDRESS CITY ZIP CODE

_____
HOME PHONE CELL/ALTERNATIVE PHONE EMAIL

_____
FATHER'S OCCUPATION EMPLOYER BUSINESS PHONE

_____
RELIGION BIRTHPLACE (City, State, Country) MARITAL STATUS

**SCHOOL INFORMATION**

Is your child currently enrolled in an early childhood education program (circle)? YES NO

If YES, where? _____

_____
City District Phone Number

Is your child currently receiving (or has he/she ever received) Special Education Services or a Special Education Assessment: YES NO

If yes, please describe these services:

_____

Has your child ever been recommended to be evaluated for Special Education needs or related needs (speech, counseling, etc.)? YES NO

If yes, please describe the recommendations:

_____

_____

_____

## RELIGIOUS INFORMATION

_____ Does your child regularly attend Church Services? YES NO

CHILD'S RELIGION

_____

Church Family Currently Attends City, State

How do you as a family worship and practice your faith?

_____

Will you actively support and participate in your child's religious education?

YES NO

## INTEREST STATEMENT

Briefly describe the reason(s) why you would like your child to attend St. Pius X Parish School.

_____

_____

_____

_____

_____

***I/We certify to the best of my/our knowledge the information on this application is true and correct.***

Father or Guardian _____ Date_____

Mother or Guardian _____ Date_____

**ST. PIUS X PARISH SCHOOL**
**STUDENT/FAMILY QUESTIONNAIRE**

Please take a moment to fill out this questionnaire. The information you provide will be kept confidential. Please print all information.

**GENERAL INFORMATION**

Child's Name _____ Date of Birth _____

Please list the people who live with the child at home – siblings(please provide age), parents, extended family, etc. (If one parent does not live with the child, please complete the **CHILD CUSTODY INFORMATION SHEET**):

_____

_____

What languages does your child speak and/or understand? _____

Has your child ever repeated a grade? YES Which Grade? _____ NO

How is your child's health? Are there any special concerns we should know about?

_____

How is his/her attendance at daycare?_____

Do you feel your child will have any difficulty with behavior in a classroom with 10-12 students and one teacher?

_____

**DAILY CARE OF THE CHILD**

Who will bring the child to school? _____

Who will pick up the child? _____

What are the after school day care arrangements? _____

**OTHER INFORMATION**

How did you hear about St. Pius X Parish School? _____

Will you actively support school service hours if asked to volunteer? YES NO

Will you actively support school-sponsored fundraising activities/events? YES NO

Will you support the policies of St. Pius X School Preschool? YES NO

**St. Pius X Parish School Pre-School**
**CHILD CUSTODY AND VISITATION INFORMATION**

**The information requested below is necessary for a child who does not live with both natural parents due to separation, divorce, or other circumstances**. The parent/guardian with whom the child lives is the custodial parent. Natural parents have equal access to the child and his/her school information, unless a written court order prohibits it. All information provided is considered confidential. **PLEASE PRINT ALL INFORMATION.**

Child(ren)'s Legal Full Name: _____

Please check the box or boxes that best describe your child custody and/or visitation arrangements:

□ Joint Custody: both parents share joint physical and joint legal custody.

Names of Parents/Legal Guardians with Joint Custody: _____

□ Joint Legal Custody: both parents share the rights and responsibilities to make decisions regarding health, education, and welfare of the child.

Name of Parents/Legal Guardians with Joint Legal Custody: _____

□ Joint Physical Custody means both parents shall have significant periods of physical custody.

Names of Parents/Legal Guardians with Joint Physical Custody: _____

□ Sole Legal Custody means one parent has the right and responsibility to make decisions regarding health, education, and welfare of the child.

Name of Parent/Legal Guardian with Sole Legal Custody: _____

□ Sole Physical Custody means a child shall reside and be under the supervision of one parent, subject to the court to order visitation.

Name of Parent/Legal Guardian with Sole Physical Custody: _____

□ Primary Physical Custody means the parent with whom the child resides the majority of the time.

Name of Parent/Legal Guardian with Primary Physical Custody: _____

Home address: _____

Home Phone: _____ Work/Cell: _____

Email: _____

**PARENT/LEGAL GUARDIAN AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

TO:

School: _____

Attn: Student Records

Address: _____

City: _____ State: _____ Zip: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of current grades and any other developmental information regarding the pupil named below.

Name of Student: _____ Date of Birth: _____ Grade: _____

_____

Signature of Parent/Legal Guardian Date

Please send the above requested records and information to:

St. Pius X Parish Preschool
Attn: Ms. Sara Ponce
10855 S. Pioneer Blvd.
Santa Fe Springs, CA 90670

School Official: _____ Date: _____