



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
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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 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: _____